



## CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R13/9-10) Indiana Election Commission (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.

| State   ZiP Code   State   ZiP              | ECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.  LENTRING BURCHAM FIRST RIBME   First Ribme   Singham   S |  |                       |                          |                    |                       |   |             | FILE NUMBER  |  |
|---|--|--|-----------------------|--------------------------|--------------------|-----------------------|---|-------------|--|--|
| Last Name   Surcham   Surcham   JASON   Middle Name   Milchame   JASON   Middle Name   JASON   Middle Name   JASON   Milchame   JASON   Middle Name   JASON   Milchame   JASON   Milchame   JASON                 | Last Name   JASON  |  |                       |                          |                    |                       |   |             |  |  |
| Miling Address    State   Stat            | Malling Address    S. FAX (Optional)   S. FAX (Optional)   | ECTION A. CAND   | IDATE INFO            | ORMATION: F              |                    |                       |   | accura      | ately as possible.   |  |
| Mailing Address   State   ZiP Code   18. County   19. Telephone (Day)   10. Telephone (Evening)   | Malling Address  | . Last Name A  |                       |                          |                    |                       | Nickname                                |             |  |  |
| State   Stat              | State   ZIP Code   S. County   State   S. FAX (Optional)   S. Telephone (Day)   10. Telephone (Evening)  | BURCHUM P. SALAM JAS   |                       | JASON                    | SON MICI           |                       | IAEL                                    |             |  |  |
| City  | City   | DOKZ   | HAVI                  |                          |                    |                       |   |             |  |  |
| 1. Party Affiliation   Person   Republican   Other   Person   Pe              | Party Affiliation   Papublican   Other   12, Office Sought (Include district number, if any, Not required for an exploratory commit   Democratic   Libertarian   Papublican   Other   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory committee   15, FAX (Optional)   16, E-mail Address (Optional)   17, Telephone (Include district number, if any, Not required for an exploratory of the Committee option of the Include as a Calca   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   17, Telephone (Include district number, if any, Not required for an exploratory of the Committee option   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   18, Telephone (Include district numbers (Incl   | . Mailing Address  |                       |                          |                    | 5. FAX (Option        | al)                                     | 6. E-ma     | il Address (Optional)  |  |
| 1. Party Affiliation   Democratic   Libertarian   Republican   Other   Democratic   Libertarian   Republican   Other   Democratic   Libertarian   Republican   Other   Democratic   Libertarian   Republican   Other   Democratic   Democrati              | Party Affiliation   Papublican   Other   12, Office Sought (Include district number, if any, Not required for an exploratory commit   Democratic   Libertarian   Papublican   Other   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory committee   15, FAX (Optional)   16, E-mail Address (Optional)   17, Telephone (Include district number, if any, Not required for an exploratory of the Committee option of the Include as a Calca   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   17, Telephone (Include district number, if any, Not required for an exploratory of the Committee option   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   18, Telephone (Include district numbers (Incl   |  |                       |                          |                    | ( )                   |   |             |  |  |
| 1. Party Affiliation   Person   Republican   Other   Person   Pe              | Party Affiliation   Papublican   Other   12, Office Sought (Include district number, if any, Not required for an exploratory commit   Democratic   Libertarian   Papublican   Other   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory commit   12, Office Sought (Include district number, if any, Not required for an exploratory committee   15, FAX (Optional)   16, E-mail Address (Optional)   17, Telephone (Include district number, if any, Not required for an exploratory of the Committee option of the Include as a Calca   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   17, Telephone (Include district number, if any, Not required for an exploratory of the Committee option   16, E-mail Address (Optional)   16, E-mail Address (Optional)   16, E-mail Address (Optional)   18, Telephone (Include district numbers (Incl   | 014  | State                 | a ZIP Code               | 8 County           | 9.                    | Telephone (Dav)                         |             | 10. Telephone (Evening)  |  |
| 1. Party Affiliation   Republican   Other   12. Office Sought (Include district number, if any. Not required for an exploratory commit percentage   Libertarian   Republican   Other   12. Office Sought (Include district number, if any. Not required for an exploratory commit percentage)   Check if this is a new address   Check if this is a new address   15. FAX (Optional)   16. E-mail Address (Optional)  | Party Affiliation  | . City   |                       |                          |                    |                       | , |             | i i i i i i i i i i i i i i i i i i i  |  |
| Section   Republican   Other              | Democratic   Checkrift his is a new address   Check if his is a new address   State   ZIP Code   18. County   19. Telephone (MAH-DD-YY)  |  | 114                   |                          |                    | (                     | )                                       |             |  |  |
| SECTION B.   COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.   Serior and accurately as possible.  | Section   Committee (Do not abbreviate)   Check if this is a new address   15, FAX (Optional)   18, E-mail Address (Optional)  | 11. Party Affiliation  |                       |                          | 12                 | . Office Sought (In   | nclude district numb                    | er, if any. | Not required for an exploratory committee  |  |
| 3. Full Name of Committee (Do not abbreviate)   | Section C.   Appointment of the foreigning purpose of an explository committee only in the committee (Do not abbreviate)   Check if this is a new address   15. FAX (Optional)   16. E-mail Address (Optional)   | ☐ Democratic ☐ Libertarian   | ☐ Republican          | Other                    |                    |                       |   | -           |  |  |
| 3. Full Name of Committee (Do not abbreviate) Check if this is a new address  4. Mailling Address Check if this is a new address  7. City  7. City  8. State  8. ZIP Code  18. County  19. Telephone  19. Check if this is a new address  19. FAX (Optional)  19. Telephone  10. Committee Organization Date  19. MAA-DD-YY)  19. 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)  19. 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)  19. 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)  19. 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)  19. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Charles (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Charles (Give brief statement explaining purpose of an exploratory committee only)  19. Exploratory Charles             | 3. Full Name of Committee (Do not abbreviate) Check if this is a new name  4. Mailing Address Check if this is a new address  7. City State ZIP Code 18. County 19. Telephone (20. Committee Organization Date (MM-DO-YY)  14. Chairperson's Full Name Designate Candidate as Chairperson Check if this is a new chairperson  25. City State ZIP Code 26. County 27. Telephone (Day) 26. Telephone (Evening)  26. City 27. Telephone (Day) 27. Telephone (Day) 28. Telephone (Evening)  27. Telephone (Day) 28. End (Date of the International State (Date of the International State (Date of the Committee (Day) (Date of the Committee)  28. Early Committee (Give brief statement explaining purpose of an explository committee only) (Date of the Committee (Day) (Date of the Committee)  29. Early Committee (Give brief statement explaining purpose of an explository committee only) (Date of the Committee (Day) (Date of the Committee)  29. Early Committee (Give brief statement explaining purpose of an explository committee only) (Date of the Committee (Day) (Date of the Committee) (Date | SECTION B. COMM  | MITTEE INF            | ORMATION: I              | Fill in all appl   | l <b>icable</b> boxes | as fully and                            | accur       | ately as possible.   |  |
| 4. Mailing Address   Check if this is a new address   15. FAX (Optional)   16. E-mail Address (Optional)   17. City   State   ZiP Code   18. County   19. Telephone   20. Committee Organization Date   (MM-DD-YY)   18. Committee Organization Date   (MM-DD-YY)   28. E-mail Address (Optional)   19. Bank or Other Depositories (List all banks or other depositories in which the committee deposits Ands, holds accounts, rents safety deposit boxes or maintains funds.) 19. Bank or Other Depositories (List all banks or other depositories in which the committee deposits Ands, holds accounts, rents safety deposit boxes or maintains funds.) 19. Bank or Other Depositories (List all banks or other depositories in which the committee deposits Ands, holds accounts, rents safety deposit boxes or maintains funds.) 19. Bank or Other Depositories (List all banks or other depositories in which the committee deposits Ands, holds accounts, rents safety deposit boxes or maintains funds.) 19. Bank or Other Depositories (List all banks or other depositories in which the committee deposits Ands, holds accounts, rents safety deposit boxes or maintains funds.) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Bank or Other Depositories (List all banks or other depository committee only) 19. Signature of the Committee only) 19. Signature of the Committee o            | Mailing Address   Check if this is a new address   15. FAX (Optional)   16. E-mail Address (Optional)  | 3. Full Name of Committee (  | Do not abbreviat      | e) Check if this         | s is a new name    |                       |   |             |  |  |
| 7. City   State   ZIP Code   18. County   19. Telephone   20. Committee Organization Date   (MM-DD-YY)   19. Telephone   20. Committee Organization Date   (MM-DD-YY)   21. Telephone   20. Committee Organization Date   (MM-DD-YY)   22. Telephone   23. FAX (Optional)   24. E-mail Address (Optional)   25. City   State   ZIP Code   26. County   27. Telephone (Day)   28. Telephone (Evening)   (1. County   29. Telephone (Day)   28. Telephone (Evening)   (2. County   29. Telephone (Evening)   (3. County   29. Telephone (Day)   28. Telephone (Evening)   (4. County   29. Telephone (Evening)   (5. City   NITEO   CPUTT   VALIGATION   (6. County   29. Telephone (Evening)   (6. County   29. Telephone (Evening)   (7. City   29. Telephone (Day)   (7. City   29. Telephone (Day)   (8. County   29. Telephone (Day)   (8. County   29. Telephone (Day)   (9. County   29. Telephone (Evening)   (7. City   29. Telephone (Day)   (9. County   29. Telephone (            | 1. City  |  |                       |                          |                    |                       |   |             |  |  |
| 7. City   State   ZiP Code   18. County   19. Telephone   20. Committee Organization Date   (AMA-DD-YY)   19. Telephone   20. Committee Organization Date   (AMA-DD-YY)   20. Committee Organization Date   (AMA-DD-YY)   21. Telephone   (Canada Sanda Sand            | 7. City   State   ZiP Code   18. County   19. Telephone   28. Committee Organization Date   (AMA-DC-YY)   19. Telephone   28. Committee Organization Date   (AMA-DC-YY)   29. Committee Organization Date   (AMA-DC-YY)   24. E-mail Address (Optional)   24. E-mail Address (Optional)   24. E-mail Address (Optional)   25. City   State   ZiP Code   26. County   27. Telephone (Day)   28. Telephone (Evening)   28. Telephone (Evening)   28. Telephone (Evening)   29. Exploratory Committee (Give brod Islament explaining purpose of an exploratory committee of the Committee of the Organization of the foregoing Person Appointed Treasurer of the Committee, appoint the following person as reasurer of the Committee of Committe   | 44 Mailing Address   Che   | ack if this is a new  | w address                |                    | 15, FAX (Optio        | nal)                                    | 16. E-m     | ail Address (Optional)   |  |
| (MM-DD-YY)   (MM              | 1. Chairperson's Full Name   Designate Candidate as Chairperson   Check if this is a new chairperson    2. Mailing Address   Check if this is a new address   23. FAX (Optional)   24. E-mail Address (Optional)    3. State   ZIP Code   28. County   27. Telephone (Day)   28. Telephone (Evening)    4. Mailing Address   Check if this is a new address   23. FAX (Optional)   24. E-mail Address (Optional)    5. City   State   ZIP Code   28. County   27. Telephone (Day)   28. Telephone (Evening)    6. Exploratory Committee (Give brid slatement explaining purpose of an exploratory committee only)   31. Salaries and Relimbursements (Will the committee pay the candidate a salar reimbursement for lost wages? If Yes, affach a copy of the contract.)   No    5. ECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)   Signature of the Committee.   Amailing Address   Check if this is a new address   Signature of the Committee.   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new treasurer   Signature of Check if this is a new address   Signature of Check if this is a new treasurer   Signature of Check if this is a new address   Signature of Check if this is a new treasurer   Signature of Check if this is a new treasurer   Signature of Person Accepting Appointment   Signature of Chairperson   Signature of  | 4. Mailing Address Conc  | SOR II UIIO IO D II O |                          |                    |                       |   |             |  |  |
| (MM-DD-YY)   (MM              | 1. Chairperson's Full Name   Designate Candidate as Chairperson   Check if this is a new chairperson    2. Mailing Address   Check if this is a new address   23. FAX (Optional)   24. E-mail Address (Optional)    3. State   ZIP Code   28. County   27. Telephone (Day)   28. Telephone (Evening)    4. Mailing Address   Check if this is a new address   23. FAX (Optional)   24. E-mail Address (Optional)    5. City   State   ZIP Code   28. County   27. Telephone (Day)   28. Telephone (Evening)    6. Exploratory Committee (Give brid slatement explaining purpose of an exploratory committee only)   31. Salaries and Relimbursements (Will the committee pay the candidate a salar reimbursement for lost wages? If Yes, affach a copy of the contract.)   No    5. ECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)   Signature of the Committee.   Amailing Address   Check if this is a new address   Signature of the Committee.   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new address   Signature of Check if this is a new treasurer   Signature of Check if this is a new address   Signature of Check if this is a new treasurer   Signature of Check if this is a new address   Signature of Check if this is a new treasurer   Signature of Check if this is a new treasurer   Signature of Person Accepting Appointment   Signature of Chairperson   Signature of  |  |                       |                          | 140.0              | ( )                   | Telephone                               |             | 20 Committee Organization Pote   |  |
| 1. Chairperson's Full Name   Designate Candidate as Chairperson   Check if this is a new chairperson   2. Mailing Address   Chock if this is a new address   3. FAX (Optional)   2. E-mail Address (Optional)   3. Salaries and Relmbursements (Will the committee pay the candidate a salar results of the Committee (Give breat statement explaning purpose of an exploratory committee only)   3. Salaries and Relmbursements (Will the committee pay the candidate a salar results of the Committee (Give breat statement explaning purpose of an exploratory committee only)   3. Salaries and Relmbursements (Will the committee pay the candidate a salar results of the Committee (Give breat statement explaning purpose of an exploratory committee only)   3. Salaries and Relmbursements (Will the committee pay the candidate a salar results of the Committee (Give breat statement explaning purpose of an exploratory committee only)   3. Salaries and Relmbursements (Will the committee pay the candidate a salar results of the Committee (Give breat statement explaning purpose of an exploratory committee only)   3. Salaries and Relmbursements (Will the committee pay the candidate a salar results of the Committee (Give breat statement explaning purpose of an exploratory committee only)   3. Signature of the Committee Chairperson   3. Treasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   3. Treasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   3. Treasurer's Full Name   Check if this is a new address   3. Treasurer's Full Name   Check if this is a new treasurer   3. Treasurer's Full Name   Check if this is a new treasurer   3. Treasurer's Full Name   Check if this is a new treasurer   3. Treasurer's Full Name   Check if this is a new treasurer   3. Treasurer's Full Name   Check if this is a new treasurer   3. Trea            | 1. Chairperson's Full Name   Designate Candidate as Chairperson   Check if this is a new chairperson   2. Mailing Address   Check if this is a new address   3. FAX (Optional)   2. Mailing Address   Check if this is a new address   3. FAX (Optional)   2. State   ZIP Code   28. County   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, 100   3. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)   31. Salaries and Reimbursements (Will the committee pay the candidate a salar individual or of the foregoing person of the foregoing person appoint the following person as reasurer of the Committee.   3. Teasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   4. Mailing Address   Check if this is a new address   3. Teasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   4. Mailing Address   Check if this is a new address   3. Teasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   5. City   State   ZIP Code   38. County   38. Telephone (Day)   6. E-mail Address (Optional)   7. City   State   ZIP Code   38. County   38. Telephone (Day)   7. City   State   ZIP Code   38. County   38. Telephone (Day)   8. E-mail Address (Optional)   8. E-mail Address (Optional)   8. E-mail Address (Optional)   8. E-mail Address (Optional)   9. E-mail Address (Optio | 17. City   | State                 | ZIP Code                 | 18. County         | 15                    | . relephone                             |             |  |  |
| 22. Mailing Address   Check if this is a new address   23. FAX (Optional)   24. E-mail Address (Optional)   25. City   State   ZiP Code   26. County   27. Telephone (Dev)   28. Telephone (Evening)   26. Exploratory Committee (Dev brait allaement explaining purpose of an exploratory committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) 26. Exploratory Committee (Give brait allaement explaining purpose of an exploratory committee only)   31. Salaries and Reimbursements (Will the committee pay the candidate a salar eimbursement for lost wages? If Yes, attach a copy of the contract.)   No   27. Telephone (Dev)   28. Telephone (Evening)   28. ECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)   29. La schairperson of the foregoing Person Appointed Treasurer   Signature of the Committee Chairperson   29. Treasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   29. Treasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   29. Title onlice that I accept the duties and responsibilities of Treasurer of this   29. Title onlice that I accept the duties and responsibilities of Treasurer of this   29. Committee. I am not the chairperson of a campalgin finance committee (except as permitted for a candidate committee under IC 3-9-1-7). 29. SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15). Poreson of the Committee and that we have be summed the statement. To the best of our knowledge and belief it is true, correct and complete.  29. Typed or Printed Name of Chairperson   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidat            | 2. Mailing Address   Check if this is a new address   23. FAX (Optional)   24. E-mail Address (Optional)   5. City   State   ZiP Code   26. County   27. Telephone (Dey)   28. Telephone (Evening)   6. Exploratory Committee (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit by sees or maintains funds.) 6. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)   31. Salaries and Reimbursements (Will the committee pay the candidate a salar exploratory committee, appoint the following person as reasourer of the foregoing   Person Appointed Treasurer   Signature of the Committee Chairperson   7. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   7. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   8. E-mail Address (Optional)   40. Telephone (Evening)   8. E-mail Address (Optional |  |                       |                          |                    | (                     | )                                       |             |  |  |
| 22. Mailing Address   Check if this is a new address   23. FAX (Optional)   24. E-mail Address (Optional)   25. City   State   ZiP Code   26. County   27. Telephone (Dev)   28. Telephone (Evening)   26. Exploratory Committee (Dev brait allaement explaining purpose of an exploratory committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) 26. Exploratory Committee (Give brait allaement explaining purpose of an exploratory committee only)   31. Salaries and Reimbursements (Will the committee pay the candidate a salar eimbursement for lost wages? If Yes, attach a copy of the contract.)   No   27. Telephone (Dev)   28. Telephone (Evening)   28. ECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)   29. La schairperson of the foregoing Person Appointed Treasurer   Signature of the Committee Chairperson   29. Treasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   29. Treasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer   29. Title onlice that I accept the duties and responsibilities of Treasurer of this   29. Title onlice that I accept the duties and responsibilities of Treasurer of this   29. Committee. I am not the chairperson of a campalgin finance committee (except as permitted for a candidate committee under IC 3-9-1-7). 29. SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15). Poreson of the Committee and that we have be summed the statement. To the best of our knowledge and belief it is true, correct and complete.  29. Typed or Printed Name of Chairperson   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidate   Signature of Candidate   29. Typed or Printed Name of Candidat            | 2. Mailing Address   Check if this is a new address   23. FAX (Optional)   24. E-mail Address (Optional)   5. City   State   ZiP Code   26. County   27. Telephone (Dey)   28. Telephone (Evening)   6. Exploratory Committee (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit by sees or maintains funds.) 6. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)   31. Salaries and Reimbursements (Will the committee pay the candidate a salar exploratory committee, appoint the following person as reasourer of the foregoing   Person Appointed Treasurer   Signature of the Committee Chairperson   7. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   7. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   8. E-mail Address (Optional)   40. Telephone (Evening)   8. E-mail Address (Optional | 21 Chairperson's Full Name   | ☐ Designate           | Candidate as Chairp      | person             | if this is a new cha  | irperson                                |             |  |  |
| Section   State   Zip Code   26. County   27. Telephone (Dey)   28. Telephone (Evening)   | 5. City  State  ZIP Code  26. County  27. Telephone (Day)  28. Telephone (Evening)  28. Telephone (Evening)  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.)  MOSICE VALTED CPEDIT VALID  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  31. Salaries and Reimbursements (Will the committee pay the candidate a salar reimbursement for lost wages? If Yes, attach a copy of the contract.) \( \begin{align*} \text{ No Committee only} \) of the contract.  9. Exploratory Committee (Cive brief)  9. Exploratory Committee (Cive brief)  9. Signature of the Committee Chairperson  10. Exploration (Cive brief)  10. Exploration (Cive brief)  11. Signature of Person Accepting Appointment  12. Typed or Printed Name of Candidate  13. Typed or Printed Name of Candidate  14. Malling Address  15. Exploration (Cive brief)  16. Signature of Chairperson  17. City  18. Exploration (Cive brief)  18. Exploration (Cive brief)  19. Exploration (Cive brief)  19 | in champeroon of on Hame   |                       |                          | -                  |                       |   |             |  |  |
| Section   State   Zip Code   26. County   27. Telephone (Dey)   28. Telephone (Evening)   | 5. City  State  ZIP Code  26. County  27. Telephone (Day)  28. Telephone (Evening)  28. Telephone (Evening)  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.)  MOSICE VALTED CPEDIT VALID  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  9. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  31. Salaries and Reimbursements (Will the committee pay the candidate a salar reimbursement for lost wages? If Yes, attach a copy of the contract.) \( \begin{align*} \text{ No Committee only} \) of the contract.  9. Exploratory Committee (Cive brief)  9. Exploratory Committee (Cive brief)  9. Signature of the Committee Chairperson  10. Exploration (Cive brief)  10. Exploration (Cive brief)  11. Signature of Person Accepting Appointment  12. Typed or Printed Name of Candidate  13. Typed or Printed Name of Candidate  14. Malling Address  15. Exploration (Cive brief)  16. Signature of Chairperson  17. City  18. Exploration (Cive brief)  18. Exploration (Cive brief)  19. Exploration (Cive brief)  19 |  |                       |                          |                    | 23 EAV (Ontio         | nal)                                    | 24 F-m      | nail Address (Ontional)  |  |
| 9. 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.)    HOSSICE VALTED CEPTI VALO             | 9. 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.)    10   | 22. Mailing Address L Che  | eck if this is a new  | w address                |                    | 23. FAX (Optio        | ilai)                                   | 2-4. 2-11.  | iai Addiess (optional)   |  |
| 9. 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.)    HOSSICE VALTED CEPTI VALO             | 9. 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.)    10   |  |                       |                          |                    | ( )                   |   |             |  |  |
| All State   Check if this is a new address   31. Fax (Optional)   32. Fax (Optional)   33. Fax (Optional)   34. Mailing Address   Check if this is a new address   35. Fax (Optional)   36. E-mail Address (Optional)   37. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   31. Telephone (Evening)   35. Fax (Optional)   36. E-mail Address (Optional)   37. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   40. Tel              | Doster Vaired Credit United  Designatory Committee (Give brief statement explaining purpose of an exploratory committee only)  Designatory Committee (Give brief statement explaining purpose of an exploratory committee only)  Person Appointment of the Committee (Give brief statement explaining purpose of an exploratory committee only)  Person Appointment of the Committee (Committee)  Designature of the Committee Chairperson of the foregoing Person Appointed Treasurer  Signature of the Committee Chairperson of the Committee only)  Signature of the Committee Chairperson of the Committee only (Committee)  A. Mailing Address   Check if this is a new address   35. FAX (Optional)   36. E-mail Address (Optional)    Committee   Signature of Chairperson of a campaign finance committee on the chairperson of a campaign finance committee (except as learning of the Committee on the chairperson of a campaign finance committee (except as learning of the Committee on that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.  Signature of Chairperson   Date (MM-DD-YY)    Date (MM-D | 25. City   | State                 | e ZIP Code               | 26. County         | 27                    | . Telephone (Day)                       |             | 28. Telephone (Evening)  |  |
| All State   Check if this is a new address   31. Fax (Optional)   32. Fax (Optional)   33. Fax (Optional)   34. Mailing Address   Check if this is a new address   35. Fax (Optional)   36. E-mail Address (Optional)   37. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   31. Telephone (Evening)   35. Fax (Optional)   36. E-mail Address (Optional)   37. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   40. Tel              | Doster Vaired Credit United  Designatory Committee (Give brief statement explaining purpose of an exploratory committee only)  Designatory Committee (Give brief statement explaining purpose of an exploratory committee only)  Person Appointment of the Committee (Give brief statement explaining purpose of an exploratory committee only)  Person Appointment of the Committee (Committee)  Designature of the Committee Chairperson of the foregoing Person Appointed Treasurer  Signature of the Committee Chairperson of the Committee only)  Signature of the Committee Chairperson of the Committee only (Committee)  A. Mailing Address   Check if this is a new address   35. FAX (Optional)   36. E-mail Address (Optional)    Committee   Signature of Chairperson of a campaign finance committee on the chairperson of a campaign finance committee (except as learning of the Committee on the chairperson of a campaign finance committee (except as learning of the Committee on that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.  Signature of Chairperson   Date (MM-DD-YY)    Date (MM-D |  |                       |                          |                    |                       | )                                       |             | ( )  |  |
| All State   Check if this is a new address   31. Fax (Optional)   32. Fax (Optional)   33. Fax (Optional)   34. Mailing Address   Check if this is a new address   35. Fax (Optional)   36. E-mail Address (Optional)   37. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   31. Telephone (Evening)   35. Fax (Optional)   36. E-mail Address (Optional)   37. City   State   ZiP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   40. Tel              | Doster Vaired Credit United  Designatory Committee (Give brief statement explaining purpose of an exploratory committee only)  Designatory Committee (Give brief statement explaining purpose of an exploratory committee only)  Person Appointment of the Committee (Give brief statement explaining purpose of an exploratory committee only)  Person Appointment of the Committee (Committee)  Designature of the Committee Chairperson of the foregoing Person Appointed Treasurer  Signature of the Committee Chairperson of the Committee only)  Signature of the Committee Chairperson of the Committee only (Committee)  A. Mailing Address   Check if this is a new address   35. FAX (Optional)   36. E-mail Address (Optional)    Committee   Signature of Chairperson of a campaign finance committee on the chairperson of a campaign finance committee (except as learning of the Committee on the chairperson of a campaign finance committee (except as learning of the Committee on that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.  Signature of Chairperson   Date (MM-DD-YY)    Date (MM-D |  |                       |                          |                    | itter describe found  | - halda aanaunta s                      | onto pafet  | y deposit house or maintains funds 1   |  |
| Signature of the Committee Chairperson of the foregoing person appoint the following person as reasurer of the Committee.   A. Mailing Address  | 2. I, as Chairperson of the foregoing ommittee, appoint the following person as reasurer of the Committee Chairperson of the Committee Chairperson of the Committee.  3. Treasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer    4. Mailing Address   Check if this is a new address   35. FAX (Optional)   36. E-mail Address (Optional)    7. City   State   ZIP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)    8. ECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)   39. Telephone (Day)   40. Telephone (Evening)    8. It is 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 chemittee for a candidate committee under IC 3-9-1-7).  8. ECTION 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.  8. It is true, correct and complete.  9. CHARLOTTE MARTI Signature of Chairperson Date (MM-DD-YY)  10. Typed or Printed Name of Chairperson Signature of Chairperson Date (MM-DD-YY)  11. Typed or Printed Name of Chairperson Signature of Chairperson Date (MM-DD-YY)  12. Typed or Printed Name of Candidate Signature of Candidate Date (MM-DD-YY)  13. Typed or Printed Name of Candidate Signature of Candidate Date (MM-DD-YY)  14. 2016  15. FAX (Optional)  16. E-mail Address Complete Chairperson Accepting Appointment Committee (except as Candidate Date (MM-DD-YY)  17. City Signature of Candidate Date (MM-DD-YY)  18. Telephone (Day)  19. Telephone (Day)  40. Telephone (Evening)  40. Telephone (Evening)  40. Telephone (Evening)  50. Telephone (Day)  40. Telephone (Evening)  50. Telephone (Day)  40. Telephone (Evening)  40. Telephone (Evening)  40. Telephone (Evening)  50. Telephone (Day)  40. Telephone (Evening)  4 |  |                       |                          |                    | Tell/Ibarseme         | n for lost wages? I                     | 700, 4114   | and sopy or an estimately a real   |  |
| Signature of the Committee Chairperson of the foregoing person as person Appointed Treasurer   Signature of the Committee Chairperson of the Committee Chairperson of the Committee.  | 2. I, as Chairperson of the foregoing ommittee, appoint the following person as reasurer of the Committee Chairperson of the Committee Chairperson of the Committee.  3. Treasurer's Full Name   Designate candidate as treasurer   Check if this is a new treasurer    4. Mailing Address   Check if this is a new address   35. FAX (Optional)   36. E-mail Address (Optional)    7. City   State   ZIP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)    8. ECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)   39. Telephone (Day)   40. Telephone (Evening)    8. It is 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 chemittee for a candidate committee under IC 3-9-1-7).  8. ECTION 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.  8. It is true, correct and complete.  9. CHARLOTTE MARTI Signature of Chairperson Date (MM-DD-YY)  10. Typed or Printed Name of Chairperson Signature of Chairperson Date (MM-DD-YY)  11. Typed or Printed Name of Chairperson Signature of Chairperson Date (MM-DD-YY)  12. Typed or Printed Name of Candidate Signature of Candidate Date (MM-DD-YY)  13. Typed or Printed Name of Candidate Signature of Candidate Date (MM-DD-YY)  14. 2016  15. FAX (Optional)  16. E-mail Address Complete Chairperson Accepting Appointment Committee (except as Candidate Date (MM-DD-YY)  17. City Signature of Candidate Date (MM-DD-YY)  18. Telephone (Day)  19. Telephone (Day)  40. Telephone (Evening)  40. Telephone (Evening)  40. Telephone (Evening)  50. Telephone (Day)  40. Telephone (Evening)  50. Telephone (Day)  40. Telephone (Evening)  40. Telephone (Evening)  40. Telephone (Evening)  50. Telephone (Day)  40. Telephone (Evening)  4 | SECTION C. APPO  | INTMENT (             | OF TREASURE              | ER (IC 3-9-1-1     | (4)                   |   |             |  |  |
| Check if this is a new treasurer   Check if this is a new treasurer   Check if this is a new treasurer  | ommittee, appoint the following person as reasurer of the Committee.  3. Treasurer's Full Name Designate candidate as treasurer Check if this is a new treasurer  4. Mailing Address Check if this is a new address  35. FAX (Optional)  ( ) 36. E-mail Address (Optional)  ( ) 37. City  State ZIP Code 38. County 39. Telephone (Day)  ( ) 40. Telephone (Evening)  ( ) 40. Telephone (Evening)  ( ) 5. City State Description of the Committee of Person Accepting Appointment  ( ) 5. City State Description of a campaign finance committee (except as Description of the Committee of Person Accepting Appointment  ( ) 6. E-mail Address (Optional)  ( ) 7. City State Description of the Committee (Day)  ( ) 8. E-mail Address (Optional)  ( ) 9. Telephone (Evening)  ( ) 8. E-mail Address (Optional)  ( ) 9. Telephone (Evening)  ( ) 9. Telephone (Day)  ( ) 9. Telep | 32. I. as Chairperson  | of the fo             | regoing Person A         | ppointed Treasure  | er                    | Signatur                                | e of the C  | Committee Chairperson  |  |
| Check if this is a new treasurer   Check if this is an every this is an every the indicater   Check if this is a new tr              | Check if this is a new treasurer   Check if this is a new treasurer   Check if this is a new treasurer   | committee, appoint the   | following pe          | rson as                  |                    |                       |   |             |  |  |
| 35. FAX (Optional)  36. E-mail Address (Optional)  37. City  State ZIP Code 38. County  39. Telephone (Day)  40. Telephone (Evening)  40. Telephone (Evening)  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 Described this statement. To the best of our knowledge and belief it is true, correct and complete.  Signature of Chairperson  CHARLOTTE MARTIL  43. Typed or Printed Name of Candidate  Signature of Candidate  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Date (MM-DD-YY)  Warning: State law requires that any change in this information be regarded within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil and the subjec            | 4. Mailing Address   | Treasurer of the Committ   | ee.                   |                          |                    |                       |   |             |  |  |
| 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).  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  CHARLOTTE MARTI  33. Typed or Printed Name of Candidate  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Warning: State law requires that any change in this information be required within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felonty (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 expendites (IC 3-9-4-17, and IC 3-9-4-18).  | 7. City  State ZIP Code 38. County  39. Telephone (Day)  40. Telephone (Evening)  (1)  11. 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).  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.  12. Typed or Printed Name of Chairperson  CHARLOTTE MARTI  13. Typed or Printed Name of Candidate  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Date (MM-DD-YY)  Narning: State law requires that any change in this information be required within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D fetony (IC 3-14-1-13). A person who fails to file a complete or accurate eport as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil expendites (IC 3-94-116, IC 3-94-116, IC 3-94-116, IC 3-94-116).   | 33. Treasurer's Full Name  | Designate ca          | andidate as treasurer    | ☐ Check if this    | is a new treasurer    |   |             |  |  |
| 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).  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  CHARLOTTE MARTI  33. Typed or Printed Name of Candidate  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Warning: State law requires that any change in this information be required within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felonty (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 expendites (IC 3-9-4-17, and IC 3-9-4-18).  | 7. City  State ZIP Code 38. County  39. Telephone (Day)  40. Telephone (Evening)  (1)  11. 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).  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.  12. Typed or Printed Name of Chairperson  CHARLOTTE MARTI  13. Typed or Printed Name of Candidate  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Date (MM-DD-YY)  Narning: State law requires that any change in this information be required within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D fetony (IC 3-14-1-13). A person who fails to file a complete or accurate eport as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil expendites (IC 3-94-116, IC 3-94-116, IC 3-94-116, IC 3-94-116).   |  |                       |                          |                    |                       |   |             |  |  |
| 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).  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  CHARLOTE MARTIL  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D februly (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 for the committee of             | SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)  1. I give notice that I accept the duties and responsibilities of Treasurer of this Signature of Person Accepting Appointment Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).  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.  12. Typed or Printed Name of Chairperson  CHARLOTTE MARTILL  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Narning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D februly (IC 3-14-1-13). A person who fails to file a complete or accurate eport as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil for the committee of the commits and the committee of the committee (except as person who fails to file a complete or accurate eport as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil for the committee of the commi | 34. Mailing Address   Ch   | neck if this is a ne  | if this is a new address |                    | 35. FAX (Option       | 35. FAX (Optional)                      |             | 36. E-mail Address (Optional)  |  |
| 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).  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  CHARLOTE MARTIL  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D februly (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 for the committee of             | SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)  1. I give notice that I accept the duties and responsibilities of Treasurer of this Signature of Person Accepting Appointment Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).  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.  12. Typed or Printed Name of Chairperson  CHARLOTTE MARTILL  Signature of Candidate  Signature of Candidate  Date (MM-DD-YY)  Narning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D februly (IC 3-14-1-13). A person who fails to file a complete or accurate eport as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil for the committee of the commits and the committee of the committee (except as person who fails to file a complete or accurate eport as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil for the committee of the commi |  |                       |                          |                    | ( )                   |   |             |  |  |
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| FOR OFFICE USE ONLY  FOR OFFIC            | FOR OFFICE USE ONLY  FOR OFFIC | 41. I give notice that I   | accept the c          | luties and respo         | onsibilities of T  | reasurer of the       | Signature of I                          | erson A     | Accepting Appointment  |  |
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| SURCUIT   | SUPERIOR COL   | penalties (IC 3-9-4-16, IC 3-9-4   | 4-17, and IC 3-9-     | -4-18).                  |                    |                       |   |             |  |  |
|   | SUPERIOR COL   | periamo (10 0-0-1-10, 10 0-0-  |                       |                          |                    |                       |   |             | ONS CIRCLUT  |  |