

DUE IN 10 DAYS



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

(CFA-1)

State Form 4604 (R14 / 10-17)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

2018 MAY 22 AM 11:23

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 checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →										32-19-030	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
2. Last Name ERNST		First Name DAVID		Middle Name Michael		Nickname DAVE		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee			
4. Mailing Address (number and street, city, state, and ZIP code) 4791 Western				5. FAX (Optional) ()		6. E-mail Address (Optional) ernst4council@tds.net					
7. City Clayton		State IN		ZIP Code 46118		8. County Hendricks		9. Telephone (Day) (317) 306 5679		10. Telephone (Evening) () SAME	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) CLAYTON TOWN COUNCIL							
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. ELECT DAVID ERNST FOR TOWN COUNCIL											
14. Mailing Address (number and street, city, state, and ZIP code) 4791 Western				15. FAX (Optional) ()		16. E-mail Address (Optional) ernst4council@tds.net					
17. City Clayton		State IN		ZIP Code 46118		18. County Hendricks		19. Telephone (317) 306 5679		20. Committee Organization Date (mm/dd/yy) 05/20/19	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.											
22. Mailing Address (number and street, city, state, and ZIP code) 4791 Western				23. FAX (Optional) ()		24. E-mail Address (Optional)					
25. City Clayton		State IN		ZIP Code 46118		26. County Hendricks		27. Telephone (Day) (317) 306 5679		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.) WELLS FARGO 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							
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 DAVID ERNST				Signature of the Committee Chairperson David Ernst			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.											
34. Mailing Address (number and street, city, state, and ZIP code) 4791 Western				35. FAX (Optional) ()		36. E-mail Address (Optional) ernst4council@tds.net					
37. City Clayton		State IN		ZIP Code 46118		38. County Hendricks		39. Telephone (Day) (317) 306 5679		40. Telephone (Evening) ()	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)											
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment David Ernst							
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 DAVID ERNST				Signature of Chairperson David Ernst				Date (mm/dd/yy) 05/20/19			
43. Typed or Printed Name of Candidate DAVID ERNST				Signature of Candidate David Ernst				Date (mm/dd/yy)			
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).											

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