CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

(CFA-1)

and an experimental second		The second state of the second				FILE NUMBE	ER S
1. IS THIS AN AMENDMENT?	□ Yes	s 🕅 No If Yes	, please ente	r the file numb	er in this box.	+ 32-25-07	3
SECTION A. CANDIDATE							1. 18 A. 19
2. Last Name		rst Name	Middle N		Nickname	3. Type of Committee	
DAVIS		ea,	A			A Candidate's Principa	
4. Mailing Address (number and street, city	state and	0000	П	5. FAX (Optional)		E mail Address (Optional)	ee
DORUZITO	1	1	4	S. FAX (Opuonal)	195	E-mail Address (Optional)	1
7. City		A WTOFOL S				Avisciorale tas	, Net
	State	1////Code	8. County	× /	elephone (Day)	10. Telephone (Evening)	-
Clayton		46118	Bendr	ICKS 13	7539-450	2 (317)539-450	2
11. Party Affiliation	ublican 🗂	Other	12.0	Diffice Sought (Incl	ude district number,	if any. Not required for an exploratory	committee.)
SECTION B. COMMITTEE			in all applic	ciny 10	Town	DOMEN	
13. Full Name of Committee (Do not at	obreviate.)	Check if this is	a new name.	able boxes a	is fully and ad	curately as possible.	
Lea Devis fo	r C	laybon	Town	Board			
14. Mailing Address (number and street, cit			if this is a new add	iress. 15. FAX (O)	otional) 16	E-mail Address (Optional)	
POBX217/21CT	awto	ord St,			þ	avisfloreletas.	Net
17. City	State	ZIP Code	18. County	19. 1	elephone	20. Committee Organization	Date
Carton	IN	46118	Hendri	cks Bi	1539-458	z (mm/dd/yy) -11-25	
21. Chairperson's Full Name 🛛 De	signate Ca	indidate as Chairperso	n. 🗌 Check if	this is a new chairp	erson.		
-							
22. Mailing Address (number and street, city	y, state, and	ZIP code) Check i	f this is a new add	ress. 23. FAX (O)	tional) 24	E-mail Address (Optional)	
25. City	State	ZIP Code	26. County	27. 1	elephone (Day)	28. Telephone (Evening)	
						,	
29. Bank or Other Depositories (List all	l banks or	other depositories in w	hich the committe	() olds accounts rents	()	rde l
FNB of Chuer	dale	2					
30. Exploratory Committee (Give brief sta	tement expla	aining purpose of an explore	atory committee only.)		Reimbursements (Will the committee pay the candidate attach a copy of the contract.)	a salary or
				i can buischichten	nost nages: n res		es LINO
32. I, as Chairperson of th	e foreg	oing Person Appol			Signature of t	he Gommittee Chairperson	
32. I, as Chairperson of th committee, appoint the followin	e foreg	oing Person Appol		L NÚS	Signature of f	he Committee Chairperson	
32. I, as Chairperson of th committee, appoint the followin Treasurer of the Committee.	e foreg g perso	n as Leal		vis		he Committee Chairperson	
32. I, as Chairperson of th committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design	e foreg g perso	n as Leal	nted Treasurer Ann Da	vis	Signature of t	the committee Chairperson	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Leα Ann David 	e foreg g perso nate candid	as Lea Cate as treasurer.	nted Treasurer Ann Da Check if this is a	a new treasurer.	Geal	an Davis	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Leα Ann David 	e foreg g perso nate candid	as Lea Cate as treasurer.	nted Treasurer Ann Da Check if this is a	a new treasurer.	Geal	E-mail Address (Optional)	
Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann Davi 34. Mailing Address (number and street, city	e foreg g perso nate candid	as Lea Cate as treasurer.	nted Treasurer Ann Da Check if this is a this is a new add	a new treasurer.	tional) 36	E-mail Address (Optional)	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Leα Ann David 	e foreg g perso nate candio 5 v, state, and	date as treasurer.	nted Treasurer Ann Da Check if this is a	a new treasurer.	tional) 36	E-mail Address (Optional) 40. Telephone (Evening)	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann Devri 1 34. Mailing Address (number and street, city 37. City 	e foreg g perso nate candid State, and State	Joing Person Appoint n as Lea 1 date as treasurer.	nted Treasurer Ann Da Check if this is a this is a new add 38. County	a new treasurer. ress. 35. FAX (Op () 39. T (tional) 36	E-mail Address (Optional)	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Decrify 34. Mailing Address (number and street, city 37. City SECTION D. ACCEPTANCE 	e foreg g perso nate candid state, and . State	Joing Person Appoint as Lea 1 date as treasurer.	nted Treasurer Ann Da Check if this is a this is a new add 38. County (IC 3-9-1-1	Tess. 36. FAX (Op 39. T	tional) 36. elephone (Day)	E-mail Address (Optional) 40. Telephone (Evening) ()	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Devring 34. Mailing Address (number and street, city 37. City SECTION D. ACCEPTANCE 41. I give notice that I accept for the following the following for the following the following for the followin	e foreg g perso nate candid State, and State	Joing Person Appoint n as Lea I date as treasurer. [ZIP code] Check if ZIP Code APPOINTMENT es and responsib	nted Treasurer Ann Da Check if this is a this is a new add 38. County (IC 3-9-11-11 Illtles of Treas	Tess. 36. FAX (Op 39. T () () () () () () () () () ()	tional) 36 elephone (Day)	E-mail Address (Optional) 40. Telephone (Evening) () Accepting Appointment	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Devi 1 34. Mailing Address (number and street, city 37. City SECTION D. ACCEPTANC 41. I give notice that I accept 1 Committee. I am not the chairppermitted for a candidate committee 	e foreg g perso nate candid , State, and , State DE OF / the dutid berson o tee unde	poing Person Appoint n as Lea date as treasurer. Image: Check if ZIP code) Image: Check if ZIP Code Image: Check if APPOINTMENT Es and responsibility es and responsibility finantiation finantiation r IC 3-9-1-7). Image: Check if	nted Treasurer Ann Da Check if this is a this is a new add 38. County (IC 3-9-11-11 Illtles of Treas	Tess. 36. FAX (Op 39. T () () () () () () () () () ()	tional) 36 elephone (Day)	E-mail Address (Optional) 40. Telephone (Evening) ()	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Devring Address (number and street, city) 34. Mailing Address (number and street, city) 37. City SECTION D. ACCEPTANCE 41. I give notice that I accept to Committee. I am not the chairppermittee for a candidate committee SECTION E. CERTIFICAT 	e foreg g perso nate candid , state, and , state, and , state , state , state , state , and , state , state , and , state , st	Joing Person Appoinn as Lea I date as treasurer.	nted Treasurer Ann Da Check if this is a this is a new add 38. County (IC 3-9-1-1-1) Illities of Treas ance committee	a new treasurer. ress. 36. FAX (Op () 39. T () 5) surer of this S re (except as	tional) 36. elephone (Day)	E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) Control of the second s	NLY
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann David 34. Mailing Address (number and street, city 37. City SECTION D. ACCEPTANCE 41. I give notice that I accept to Committee. I am not the chairpermitted for a candidate committee SECTION E. CERTIFICAT We certify as the candidate and 	e foreg g perso nate candid , state, and State DE OF the dutionerson o cee unde ION OF d the dutionerson o	Joing Person Appoin n as Lea I date as treasurer. [ZIP code] Check if ZIP Code APPOINTMEN es and responsib f a campaign fina r IC 3-9-1-7). STATEMENT uly appointed Ch	Ann Da Ann Da Check if this is a this is a new add 38. County (IC 3-9-1-1-1- Ilitiles of Treat ance committee airperson of t	a new treasurer. ress. 35. FAX (Op () 39. T () Surer of this S e (except as he Committee	tional) 36 elephone (Day)	E-mail Address (Optional) 40. Telephone (Evening) Accepting Appointment Market FOR OFFICE USE O ve	NLY
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann David 34. Mailing Address (number and street, city 37. City SECTION D. ACCEPTANC 41. I give notice that I accept to Committee. I am not the chairpermitted for a candidate committe SECTION E. CERTIFICAT We certify as the candidate and examined this statement. To the b 	e foreg g perso nate candid , state, and State DE OF the dutionerson of ces unde ION OF d the dutionerson of ces unde	Joing Person Appoin n as Lea I date as treasurer. [ZIP code] Check if ZIP Code APPOINTMENT es and responsib of a campaign fina r IC 3-9-1-7). STATEMENT uly appointed Ch ur knowledge and	And Da Check if this is a this is a new add 38. County (IC 3-9-1-1) littles of Treat ance committee airperson of t belief it is true,	a new treasurer. ress. 35. FAX (Op () 39. T () Surer of this S e (except as he Committee	tional) 36 slephone (Day)) ignature of Person ACA Management and that we hamplete.	E-mail Address (Optional) 40. Telephone (Evening) Accepting Appointment Market FOR OFFICE USE O ve	NLY
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Desyr 34. Mailing Address (number and street, city 37. City SECTION D. ACCEPTANC 41. I give notice that I accept to Committee. I am not the chairppermitted for a candidate committee SECTION E. CERTIFICAT We certify as the candidate anteexamined this statement. To the b 42. Typed or Printed Name of Chairs 	e foreg g perso nate candid , state, and , state, and , state, and , state , and , state ,	Joing Person Appoin n as Lea I date as treasurer. [ZIP code] Check if ZIP Code APPOINTMENT es and responsib of a campaign fina r IC 3-9-1-7). STATEMENT uly appointed Ch ur knowledge and	And Da Check if this is a this is a new add 38. County (IC 3-9-1-1) littles of Treat ance committee airperson of t belief it is true,	a new treasurer. ress. 35. FAX (Op () 39. T () Surer of this S e (except as he Committee correct and committee	tional) 36 elephone (Day)) ignature of Person ACA A and that we han mplete. Date (mm/dd/yy)	E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) Contraction of the second seco	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann Davi 1 34. Mailing Address (number and street, city 37. City 37. City SECTION D. ACCEPTANC 41. I give notice that I accept to Committee. I am not the chairppermitted for a candidate committee SECTION E. CERTIFICAT We certify as the candidate amexamined this statement. To the bit 42. Typed or Printed Name of Chair Lea Ann David 	e foreg g perso nate candid state, and state, and state become the dution of the dution of the dution of the dution of the dution of the dution of the dution of the dution of the dutio	Joing Person Appoinn as Lea I date as treasurer.	nted Treasurer Ann Da Check if this is a this is a new add 38. County (IC 3-9-1-1-1- ilities of Treas ance committee airperson of t belief it is true, Chairperson	a new treasurer. ress. 35. FAX (Op () 39. T () Surer of this S e (except as he Committee	tional) 36. elephone (Day)) ignature of Personal ACA Management and that we have mplete. Date (mm/dd/yy) 7 - 11 - 25	E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) Contraction of the second seco	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea August 1 34. Mailing Address (number and street, city) 37. City 37. City SECTION D. ACCEPTANC 41. I give notice that I accept to Committee. I am not the chairppermitted for a candidate committee SECTION E. CERTIFICAT We certify as the candidate and examined this statement. To the bit 42. Typed or Printed Name of Chair Lea Ann David 	e foreg g perso nate candid state, and state, and state become the dution of the dution of the dution of the dution of the dution of the dution of the dution of the dution of the dutio	Joing Person Appoin n as Lea I date as treasurer. [ZIP code] Check if ZIP Code APPOINTMENT es and responsib of a campaign fina r IC 3-9-1-7). STATEMENT uly appointed Ch ur knowledge and	nted Treasurer Ann Da Check if this is a this is a new add 38. County (IC 3-9-1-1-1- ilities of Treas ance committee airperson of t belief it is true, Chairperson	a new treasurer. ress. 35. FAX (Op () 39. T () Surer of this S e (except as he Committee correct and committee	tional) 36 elephone (Day) ignature of Person ACA CA and that we han mplete. Date (mm/dd/yy) 7 - 11 - 25 Date (mm/dd/yy)	E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) Contraction of the second seco	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann David 34. Mailing Address (number and street, city 37. City SECTION D. ACCEPTANC 41. I give notice that I accept the Committee. I am not the chairpermitted for a candidate committee for a candidate committee for a candidate committee. To the b 42. Typed or Printed Name of Chair Lea Ann David 43. Typed or Printed Name of Candidate and the chair of the committee for a candidate and the chair of the statement. To the b 43. Typed or Printed Name of Candidate and the chair of the committee for a candidate and the chair of the statement. The b 	e foreg g perso nate candid state, and state, and state become the dution of the dution of the dution of the dution of the dution of the dution of the dution of the dution of the dutio	Joing Person Appoinn as Lea I date as treasurer.	nted Treasurer Ann Da Check if this is a this is a new add 38. County (IC 3-9-1-1-1- ilities of Treas ance committee airperson of t belief it is true, Chairperson	a new treasurer. ress. 35. FAX (Op () 39. T () Surer of this S e (except as he Committee correct and committee	tional) 36. elephone (Day)) ignature of Personal ACA Management and that we have mplete. Date (mm/dd/yy) 7 - 11 - 25	E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) Contraction of the second seco	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea August 1 34. Mailing Address (number and street, city) 37. City 37. City SECTION D. ACCEPTANC 41. I give notice that I accept to Committee. I am not the chairppermitted for a candidate committee SECTION E. CERTIFICAT We certify as the candidate and examined this statement. To the bit 42. Typed or Printed Name of Chair Lea Ann David 	e foreg g perso nate candid , state, and State DE OF the dution dution of dution of du	Joing Person Appoint n as Lea I Jate as treasurer. [ZIP code] [Check if ZIP Code APPOINTMENT es and responsible of a campaign fina r IC 3-9-1-7). STATEMENT uly appointed Chur ur knowledge and Signature of C Signature of C	nted Treasurer An Da Check if this is a this is a new add 38. County (IC 3-9-11-11 ilities of Treas ance committee airperson of t belief it is true, Chairperson Candidate MAD	a new treasurer. ress. 35. FAX (Op () 39. T () 5) surer of this S e (except as the Committee correct and committee correct and committee and committee and committee correct and committee and and and and and and and and and and	tional) 36 elephone (Day)) ignature of Person and that we han nplete. Date (mm/dd/yy) 7 - 11 - 25 Date (mm/dd/yy) 7 - 11 - 25	E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) FOR OFFICE USE O Ve	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann Davin 34. Mailing Address (number and street, city) 37. City 37. City SECTION D. ACCEPTANC 41. I give notice that I accept the Committee. I am not the chairppermitted for a candidate committee. I am not the chairppermitted for a candidate committee. SECTIONE CERTIFICATION BACCEPTANC 42. Typed or Printed Name of Chair Lea Ann Davis Warning: State law requires that any coperson who knowingly files a fraudulent 	e foreg g perso nate candid , state, and state, and State CEOF/ the dutionerson of the dutionerson of the dutionerson of the dutionerson of the dutionerson of the dutionerson of the dutionerson of the dutionerson of the the dutionerson of the dutionerson of th	Joing Person Appoin n as Lea Jate as treasurer. ZIP code Check if ZIP Code APPOINTMENT es and responsible of a campaign fina r IC 3-9-1-7). STATEMENT uly appointed Ch ur knowledge and Signature of C Signature	nted Treasurer An Da Check if this is a Check if this is a Check if this is a Check if this is a this is a new add 38. County (IC 3-9-1-11) Illities of Treas ance committee airperson of t belief it is true, Chairperson Candidate Conted within ten ony (IC 3-14-1-13)	A new treasurer. ress. 35. FAX (Op () 39. T () 5) surer of this S te (except as the Committee correct and committee correct and committee correct and committee (10) days of the committee	tional) 36. elephone (Day)) ignature of Person ACA (Marcon Constraints) and that we have mplete. Date (mm/dd/yy) $\overline{\gamma} - 11 - 25$ Date (mm/dd/yy) $\overline{\gamma} - 11 - 25$ hange (IC 3-9-1-10) is to file a complete	E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) FOR OFFICE USE O Ve	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann Davi 34. Mailing Address (number and street, city) 37. City 37. City SECTION D. ACCEPTANCE 41. I give notice that I accept the committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not the chairpermittee for a candidate committee. I am not t	e foreg g perso nate candid , state, and , state, and , state, and , State DE OF , the dution berson of the dution berson of the dution the dut	poing Person Appoint n as Lea date as treasurer. Image: Constraint of the second s	nted Treasurer An Da Check if this is a Check if this is a Check if this is a Check if this is a this is a new add 38. County (IC 3-9-1-11) Illities of Treas ance committee airperson of t belief it is true, Chairperson Candidate Conted within ten ony (IC 3-14-1-13)	A new treasurer. ress. 35. FAX (Op () 39. T () 5) surer of this S te (except as the Committee correct and committee correct and committee correct and committee (10) days of the committee	tional) 36. elephone (Day)) ignature of Person ACA (Marcon Constraints) and that we have mplete. Date (mm/dd/yy) $\overline{\gamma} - 11 - 25$ Date (mm/dd/yy) $\overline{\gamma} - 11 - 25$ hange (IC 3-9-1-10) is to file a complete	A or be	
 32. I, as Chairperson of the committee, appoint the followin Treasurer of the Committee. 33. Treasurer's Full Name Design Lea Ann Davi 1 34. Mailing Address (number and street, city) 37. City 37. City SECTION D. ACCEPTANC 41. I give notice that I accept the committee. I am not the chairpermitted for a candidate committee. I am not the chairpermitted for a candidate committee. SECTION E. CERTIFICAT We certify as the candidate and examined this statement. To the b 42. Typed or Printed Name of Chair Lea Ann Davis Warning: State law requires that any coperson who knowingly files a fraudulent accurate report as required by the India 	e foreg g perso nate candid , state, and , state, and , state, and , State DE OF , the dution berson of the dution berson of the dution the dut	poing Person Appoint n as Lea date as treasurer. Image: Constraint of the second s	nted Treasurer An Da Check if this is a Check if this is a Check if this is a Check if this is a this is a new add 38. County (IC 3-9-1-11) Illities of Treas ance committee airperson of t belief it is true, Chairperson Candidate Conted within ten ony (IC 3-14-1-13)	A new treasurer. ress. 35. FAX (Op () 39. T () 5) surer of this S te (except as the Committee correct and committee correct and committee correct and committee (10) days of the committee	tional) 36. elephone (Day)) ignature of Person ACA (Marcon Constraints) and that we have mplete. Date (mm/dd/yy) $\overline{\gamma} - 11 - 25$ Date (mm/dd/yy) $\overline{\gamma} - 11 - 25$ hange (IC 3-9-1-10) is to file a complete	E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) FOR OFFICE USE O Ve	