

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

State Form 4604 (R15 / 5-19)

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

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

									FILE	E NUME	BER
1. IS THIS AN AMENDMENT?	Yes	No If Yes,	please	enter the	file nu	mber in	this bo	$x \rightarrow$	32-25	5 M	
SECTION A. CANDIDATE I										~	
2. Last Name		rst Name		iddle Name			kname	accura			e (Check one)
2. Last Hand		TO		le i		Ittle	Kilume				pal Committee
LOWCIEN		DAWN		M.					-	atory Comm	CONTRACTOR OF A DATA OF
4. Mailing Address (number and street, city, sta	ate. and 2	ZIP code)		5. F	AX (Option	nal)		6. E-mai	Address (Opt		
215 Lake		and al								1	len.cor
	VI	en cr.)		(0)	pau			
7. City	State	ZIP Code	8. Coun		-1 -1 9	. Telepho	one (Day)	000/	10. Telepho	ne (Evening	,
AVON	IN	46123	HE		12) (516	414	gugo	1()		
11. Party Affiliation				12. Office	Sought (Include di		1		an explorat	ory committee.)
🗖 Democratic 🔲 Libertarian 🗖 Republi	ican 🛛	Other		A	Jon	100	n	Cour	ICII		
SECTION B. COMMITTEE I	NFO	RMATION: Fill	in all a	applicabl	e boxe	s as fu	illy and	l accura	tely as po	ssible.	
13. Full Name of Committee (Do not abbr											
Comparitor to E	JEI	& Dawn	10	AMA							
14. Mailing Address (number and street, city, s	tate and		this is a	new address	15. FAX	(Ontional	0	16. E-ma	il Address (Op	tional)	
215 Lake View	Λ					(optional	/				
	U	† ·			$\left(\right)$						
	State	ZIP Code	18. Cou	nty	1	9. Teleph	ione	0 00	20. Committee	Organizat	ion Date
AVON	IN	46123	HA	Drr	15 0	517, 1	414.	9099	(mm/dd/yy)	.8.	15
21. Chairperson's Full Name 🕅 Desig	nate Ca	andidate as Chairpersor		check if this i	s a new ch	airperson					
22. Mailing Address (number and street, city, s	tata and	(7/P code) Chock if	this is a t	new address.	23 EAY	Ontional	0	24 E-ma	il Address (Op	tional)	
22. Mailing Address (number and sireer, city, s	iale, anu		1115 15 0 1	iew address.	23. 144	Optional	9	24. 2410	I Address (Op	uonaij	
					$\left(\right)$			1	- 92		
25. City	State	ZIP Code	26. Cou	nty	2	7. Teleph	one (Day)		28. Telephor	ne (Evening,	
					10	Y			$\left(\right)$		
29. Bank or Other Depositories (List all ba	anks or	other depositories in w	hich the c	ommittee de	posits fund	ls. holds a	accounts. I	ents safety	deposit boxes of	or maintains	funds.)
AS 11000											,
AS NEED	EL) ·		Har and 1 24	Calarias	and Dalm				the coodid	ate a cotra las
30. Exploratory Committee (Give brief staten	nent expl	aining purpose of an explora	ory commi						e committee pay a copy of the c		
SECTION C. APPOINTMEN						a same					
32. I, as Chairperson of the			ted Trea	surer			Signatur	e of the Co	mmittee Chair	person	
committee, appoint the following	perso	on as					A	AUM	Ma	NON	
Treasurer of the Committee,	o condi		Check	this is a new	troopuror		10	ann	Jew	an	/ ·
33. Treasurer's Full Name	e candi	idate as treasurer.	Check	f this is a nev	/ treasurer				5		
34. Mailing Address (number and street, city, s	tate, and	ZIP code) Check if	this is a r	new address.	35. FAX	(Optional))	36. E-ma	Il Address (Op	tional)	
					1 1						
37. City	State	ZIP Code	38. Cour	nty	3	9. Teleph	one (Day)		40. Telephor	e (Evening)	2
				-							
			100	0.4.45	()	S. In Corner	Contraction of the	()		
		APPOINTMENT					国际 选择				
41. I give notice that I accept th							ture of P	erson Ac	cepting App	pintment	e
Committee. I am not the chairpe			nce co	mmittee (e	except as	S			3	5	要
permitted for a candidate committee					Contract of the				FOR OF	CE USE	ONY
SECTION E. CERTIFICATIO					Communité		that we	hour		1	80a
We certify as the candidate and examined this statement. To the be	the d	ury appointed Cha	airperso	is true cou	rect and	comple	that we	nave	8	00	责亡
42. Typed or Printed Name of Chair	nersor	n Signature of C	hairper	son 4	reet and		e (mm/dd/y	v)	joui	-	FILED
Te. Typed of Finned Name of Chair	001301		P		0				-1	1	8
DAWN LOWder)	A Mar	Λ	ould	n	1	1.8.2	2	S.	0	8
43. Typed or Printed Name of Candi	date	Signature of C	andida	te		Dat	e (mm/dd/y	y) _	S	ço	L
Do la de	-	h h	, 5	Kinin	0.	17	.8.2			2	
HUN LOWCE	5	aug	LA	Joul	h	/	0			01	
Warning: State law requires that any cha	ange in	this information be ren	orted wit	Lin 4am (40)	dawa of th	he change	0 /10 20	1-101 A			
noreon who knowingly files a fraudulant re	ange m	uns mormanon be rep	Unter with	min ten (10)	days of u	ne change	e (10 3-3-	1-10). A			
person who knowingly lies a fraudulent re	port co	mmits a Level 6 D felo	ny (IC 3-	14-1-13). A	person who	o fails to	file a com	plete or			
accurate report as required by the Indiana subject to civil penalties (IC 3-9-4-16, IC 3-9	port co a Camp	mmits a Level 6 D felo aign Finance Law com	ny (IC 3-	14-1-13). A	person who	o fails to	file a com	plete or			

(CFA-1)