(CFA-1)



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 NUMBER
I. IS THIS AN AMENDME	ENT? Yes	No If Yes.	please enter th	he file nur	nber in this bo	x. → 3	32.25-057
. IS THIS AN AMENDING	DATE INFORMA	TION: EIII	in all applical	ble boxes	as fully and	accurate	ely as possible.
	First Na	me	Middle Nam	ne	Nickname		
2. Last Name	N N		100				Candidate's Principal Committee
V : C \ \	MI	1/197	lee	,			☐ Exploratory Committee
1. Mailing Address (number and st	treet, city, state, and ZIP god	e) CO(C	5	. FAX (Option	nal)	6. E-mail A	ddress (Optional)
DO DO	712		,	1			
4.0.1701	Clata	ZIP Code	8. County	9	. Telephone (Day)		10. Telephone (Evening)
7. City / 7 1 -00	State IN	1, 1110	Hundria	10	20 5122-	1896	()
CICTON	IIN C	161901	Harming	C) (Include district num	ber, if any, No	nt required for an exploratory committee.
11. Party Affiliation			12. 01	HPI	11 Treas	NPN	
☐ Democratic ☐ Libertarian	Republican LI Othe	r		blo boys	e as fully and	accurat	elv as possible.
Democratic Libertarian SECTION B. COMM	ITTEE INFORM	ATION: FIL	in all applica	DIE DOXE	S as rully unit	a do o a do o	
13. Full Name of Committee (D	o not abbreviate.)	Check if this is	a new name.				
8)	PC+ NICO	le KISI	1	1	1.10 1:	16 E-mail	Address (Optional)
14. Mailing Address (number and	street, city, state, and ZIP c	ode)	if this is a new addre	ess. 15. FAX	(Optional)	10. E-Illan	Address (Optional)
5	cuml			()			
17. City	State	ZIP Code	18. County		19. Telephone		20. Committee Organization Date (mm/dd/yy)
17. City					1	1	minute yy)
		A Chairean	on.	hie is a new c	hairperson.		
21. Chairperson's Full Name	Designate Candid	ate as Chairpers	on. U checking	ils is a new c	nan porcorn		
	14100	15	SV	100	1.10 110	24 E-mai	I Address (Optional)
22. Mailing Address (number and	d street, city, state, and ZIP of	code)	if this is a new addr	ess. 23. FA	(Optional)	24. L-111ai	, Addiese (opiniona)
C	5 CMP			()		28. Telephone (Evening)
25. City	State	ZIP Code	26. County		27. Telephone (Da	y)	28. Telephone (Evering)
					()		()
	(I) to II beatle or other	Monocitories in	which the committee	e deposits fui	nds, holds accounts,	rents safety	deposit boxes or maintains funds.)
29. Bank or Other Depositorie	es (List all banks of our	Jepositories III	Willow the committee				
	MI	<u> </u>	the second of	24 Salario	s and Reimbursen	nents (Will the	committee pay the candidate a salary
30. Exploratory Committee (G	Rive brief statement explaining	g purpose of an expi	oratory committee only.)	reimburser	nent for lost wages?	If Yes, attach	a copy of the contract.)
SECTION C. APPO	INTMENT OF T	REASUREF	R (IC 3-9-1-14)		Simoth Committee	use of the Co	mmittee Chairperson
32 L as Chairperson	of the foregoi	ng Person App	ointed Treasurer		Signati	N I I I CO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
committee, appoint the	following person	as Nin	nlo Ki	CIV		NICT	de KISM
Treasurer of the Committ	ee.	141	☐ Check if this is	a new treasur	er.	1 71	
33. Treasurer's Full Name	Designate candidat	e as treasurer.	CHeck ii tills is t	a non none			
	MICOLE	MSVI		105.54	X (Optional)	36. E-ma	ail Address (Optional)
34. Mailing Address (number a	nd street, city, state, and ZIP	code)	k if this is a new add	iress. 35. FA	W (Optional)	00.2	***
	Same			()		40. Telephone (Evening)
37. City	State	ZIP Code	38. County		39. Telephone (D	ay)	40. Telephone (Evening)
37. City					()		()
		DOINTME	NT //C 3 0-1-1	5)			
SECTION D. ACCE	EPTANCE OF A	PPOINT WIE	cibilities of Tres	asurer of	his Signature o	f Person A	ccepting Appointment
41. I give notice that I Committee. I am not t	accept the duties	and respon	finance committ	ee (except	as /]	0.10	Cu Mar
Committee. I am not to permitted for a candidate	ne chairperson of	IC 3-9-1-7).	illiance commi		1/11	COL	FOR OFFICE USE ONLY
THE RESERVE THE PROPERTY OF THE PARTY OF THE	TITLO A TION OF		T				FOR OFFICE USE ONL!
No. Company of the Co	tit to and the deal	u annointed	Chairnerson of	the Comn	nittee and that	we have	8
levamined this statement	t. To the best of our	Knowledge a	III Dellei it to tia	e, correct a	nd complete. Date (mm/s	dd/m/)	FILED PM 12:
42. Typed or Printed Nar	me of Chairperson	Signature	of Chairperson		Date (mm/	od/yy)	£· _ 98
1/10/0	V :(\a)	1///	all 4	MILL	1-2-	2	PM 12: 2
MICOLE	DISIT	- L. V	of Condidate	100.	Date (mm/	(dd/yy)	M12:
43. Typed or Printed Nar	me of Candidate	Signature	of Candidate	. 1	47	7	¥ 13.
1 11 0010	Vich	-	will h	NUN	1-0-	2	200
Warning: State law require		nie information h	e reported within te	n (10) days	of the change (IC:	3-9-1-10). A	40
Warning: State law require person who knowingly files a	s that any change in the fraudulent report com	mits a Level 6 D	felony (IC 3-14-1-1	13). A person	who fails to file a	complete or	
and the report of recilired	hy the Indiana Cambai	Of Fillance Law	commits a Class B	3 misdemean	or (IC 3-14-1-14), a	and may be	
subject to civil penalties (IC 3	1-9-4-16, IC 3-9-4-17, ar	nd IC 3-9-4-18).					