## 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.

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1. IS THIS AN AMENDMENT?	es XNo If Yes	, please enter the	file number i	n this box. $ ightarrow$	32-25-127
SECTION A. CANDIDATE INF					
2. Last Name	First Name	Middle Name		kname	3. Type of Committee (Check one)
Dailey	Dawn	NOEL	10	/	Candidate's Principal Committee
4. Mailing Address (number and street, city, state, a			X (Optional)	6 E-0	Exploratory Committee
339 David Dr	8		at (opionia)	0.24	
7. City Stat		8. County	) 9. Teleph	one (Day)	10. Telephone (Evening)
I clauton IN	46118	Hendrick			
11. Party Affiliation		12. Office	Sought (Include o	listrict number, if an	y. Not required for an exploratory committee.)
Democratic     Libertarian     CRepublican			nincit	monh	r (Town)
SECTION B. COMMITTEE INF 13. Full Name of Committee (Do not abbreviat	ORMATION: Fill	in all applicable	e boxes as fi	ully and accu	rately as possible.
	~				
Clayton Tou 14. Mailing Address (number and street, city, state,		f this is a new address.	15 EAX (Options	/)	nail Address (Optional)
339 David		i ins is a new address.	( )	// 10. E-	nall Address (Optional)
17. City State	ZIP Code	18. County	19. Telept	none	20. Committee Organization Date
Clayton, IN	46118	Hendrick	5 31713	372-2308	(mm/dd/au)
21. Chairperson's Full Name Designate	Candidate as Chairperso	n. Check if this is	the second s	the second s	
Dawn Dailer	l				
22. Mailing Address (number and street, city, state, a	and ZIP code) 🔲 Check i	f this is a new address.	23. FAX (Optiona	l) 24. E-	nail Address (Optional)
339 David D	r.		()		
25. City State	ZIP Code	26. County	27. Teleph	ione (Day)	28. Telephone (Evening)
clayton In	16118	HEndrick	5 13123	372-2309	2 ( ) Same
29. Bank or Other Depositories (List all banks	or other depositories in w	hich the committee depo	osits funds, holds a	accounts, rents safe	ty deposit boxes or maintains funds.)
Indiana Mem	bers Cre	dif Un	(0n)		
30. Exploratory Committee (Give brief statement e	xplaining purpose of an explore	atory committee only.) 31.	Salaries and Rein	nbursements (Will wages? If Yes, att	the committee pay the candidate a salary or ach a copy of the contract ) Types Datio
		reim	Salaries and Rein bursement for lost	nbursements (Will wages? If Yes, atta	the committee pay the candidate a salary or ach a copy of the contract.) ☐ Yes _2 №
SECTION C. APPOINTMENT C	F TREASURER (	(IC 3-9-1-14)	Salaries and Rein bursement for lost	t wages? If Yes, att	ach a copy of the contract.) $\Box$ Yes $\Box$ No
SECTION C. APPOINTMENT C	F TREASURER (	(IC 3-9-1-14)	Salaries and Rein bursement for losi	t wages? If Yes, att	the committee pay the candidate a salary or the contract.) Yes No Committee Chairperson
SECTION C. APPOINTMENT C 32. I, as Chairperson of the for committee, appoint the following per Treasurer of the Committee.	PF TREASURER regoing son as	IC 3-9-1-14) Inted Treasurer In Davies	bursement for los	t wages? If Yes, att	ach a copy of the contract.) $\Box$ Yes $\Box$ No
SECTION C. APPOINTMENT C 32. I, as Chairperson of the for committee, appoint the following per Treasurer of the Committee.	of TREASURER ( regoing Person Appoint son as DAW	(IC 3-9-1-14)	bursement for los	t wages? If Yes, att	ach a copy of the contract.) $\Box$ Yes $\Box$ No
SECTION C. APPOINTMENT C 32. I, as Chairperson of the for committee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate can D CLUM DG HEL	DF TREASURER ( regoing son as Indidate as treasurer,	$\frac{103-9-1-14}{1000}$	ibursement for loss	signature of the C	committee Chairperson
SECTION C. APPOINTMENT C 32. I, as Chairperson of the foil committee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate car D CLUM D C. LUM 34. Mailing Address (number and street, city, state, a	DF TREASURER ( regoing son as Indidate as treasurer,	IC 3-9-1-14) Inted Treasurer In Davies	ibursement for loss	signature of the C	ach a copy of the contract.) $\Box$ Yes $\Box$ No
SECTION C. APPOINTMENT C 32. I, as Chairperson of the for committee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate can D CLUM D C. (i) 34. Mailing Address (number and street, city, state, a 339 D CLUM O	DF TREASURER regoing son as Person Appole D ( W D ( W hdidate as treasurer.	IC 3-9-1-14) nted Treasurer <u>h</u> <u>D</u> <u>A</u> <u>i</u> <u>i</u> <u>i</u> <u>i</u> Check if this is a new this is a new address.	bursement for loss reasurer. 35. FAX (Optional ( )	Signature of the ( IOaw) 36. E-r	nch a copy of the contract.) Yes No Committee Chairperson M Daile Mail Address (Optional)
SECTION C. APPOINTMENT C 32. I, as Chairperson of the foil committee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate can Decum Decide 34. Mailing Address (number and street, city, state, a 33. Decide 33. Decide 37. City	DF TREASURER regoing son as Person Appole D (W) adidate as treasurer.	IC 3-9-1-14) nted Treasurer <u>n Daile</u> Check if this is a new 1 this is a new address. 38. County	treasurer. 35. FAX (Optional) () 39. Teleph	signature of the ( 10 aw ) 36. E-r one (Day)	Ach a copy of the contract.) Yes No Committee Chairperson N Daile Mail Address (Optional) 40. Telephone (Evening)
SECTION C. APPOINTMENT C 32. I, as Chairperson of the for committee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate can D CLUM D G. HU 34. Mailing Address (number and street, city, state, a 33. D CLUM D 37. City State C I CM TUN	DF TREASURER regoing son as Person Appoin DAW DAW Ididate as treasurer.	IC 3-9-1-14) nted Treasurer <u>h</u> <u>D</u> <u>A</u> <sup>i</sup> <u>E</u> Check if this is a new this this is a new address. 38. County <u>H</u> <u>E</u> <u>H</u> <u>C</u> <u>r</u> ic	treasurer. 35. FAX (Optional) () 39. Teleph	Signature of the ( IOaw) 36. E-r	Ach a copy of the contract.) Yes No Committee Chairperson N Daile Mail Address (Optional) 40. Telephone (Evening)
SECTION C. APPOINTMENT C 32. I, as Chairperson of the for committee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate can Decum Decime and street, city, state, a 34. Mailing Address (number and street, city, state, a 33. City Decume Committee Clayton State IN SECTION D. ACCEPTANCE O	DF TREASURER regoing son as Person Appoin D (W) D (W)	rein 1[C 3-9-1-14] nted Treasurer n Dailer 1 Check if this is a new the this is a new address. $38. Countyf(endric)f(c 3-9-1-15)$	treasurer. 35. FAX (Optional) ( 39. Teleph 39. Teleph	signature of the ( 10 aw ) 36. E-r one (Day) 37 2-23 0	ach a copy of the contract.)   Yes   Yes   No   Committee Chairperson   n   Nail Address (Optional)     40. Telephone (Evening)   (
SECTION C. APPOINTMENT C 32. I, as Chairperson of the foil committee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate car Decomposition Designate car Decomposition Designate car 34. Mailing Address (number and street, city, state, a 33. City Same Decomposition Designate Car State IN SECTION D. ACCEPTANCE O 41. I give notice that I accept the dir Committee. I am not the chairperson	DF TREASURER regoing Person Appoin Daw Daw Indidate as treasurer.	rein (C 3-9-1-14) nted Treasurer h Dailed Check if this is a new the this is a new address. 38. County f(ehdrick) (IC 3-9-1-15) Illities of Treasurer	treasurer. 35. FAX (Optional) (	signature of the ( 10 aw ) 36. E-r one (Day) 37 2-23 0 ture of Person A	ach a copy of the contract.)   Yes   Yes   No   Committee Chairperson   n   Nail Address (Optional)     40. Telephone (Evening)   (
SECTION C. APPOINTMENT 32. I, as Chairperson of the foil committee, appoint the foilowing per Treasurer of the Committee. 33. Treasurer's Full Name Designate can Dewn Dailed 34. Mailing Address (number and street, city, state, a 33. City Clayton State IN SECTION D. ACCEPTANCE O 41. I give notice that I accept the du Committee. I am not the chairperson permitted for a candidate committee un	DF TREASURER regoing Person Appole Daw Daw didate as treasurer.	rein (C 3-9-1-14) nted Treasurer h Dailed Check if this is a new the this is a new address. 38. County f(ehdrick) (IC 3-9-1-15) Illities of Treasurer	treasurer. 35. FAX (Optional) (	signature of the ( 10 aw ) 36. E-r one (Day) 37 2-23 0	Accepting Appointment
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SECTION C. APPOINTMENT 32. I, as Chairperson of the for committee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate car D CLUM D A HU 34. Mailing Address (number and street, city, state, a 33. Mailing Address (number and street, city, state, a 34. Mailing Address (number and street, city, state, a 35. D CLUM D A HU 37. City SECTION D. ACCEPTANCE O 41. I give notice that I accept the di Committee. I am not the chairperson permitted for a candidate committee un SECTION E. CERTIFICATION O We certify as the candidate and the examined this statement. To the best of 42. Typed or Printed Name of Chairpers D CLUM D A HU 43. Typed or Printed Name of Candidate D CLUM D A HU Warning: State law requires that any change person who knowingly files a fraudulent report accurate report as required by the Indiana Can	DF TREASURER regoing son as Person Appoint DAW DAW DAW DAW DAW DAW DAW DAW	IC 3-9-1-14) Inted Treasurer A Dailey Check if this is a new of this is a new address. 38. County Hendric (IC 3-9-1-15) Illities of Treasurer ance committee (exc alipperson of the C belief it is true, correc chairperson Chairperson Chairperson and date M Dailey (IC 3-9-1-13) A performance Control (IC 3-9-1-13) A performance Control (IC 3-9-1-13) A performance Chairperson Chairperso	of this Signa cept as dect and comple dect and comple det	twages? If Yes, atta Signature of the ( (Oaw) ) 36. E-r one (Day) 372-230 ture of Person A Oaw that we have te. e (mm/dd/yy) P - 2(o-25) e (IC 3-9-1-10). A file a complete of	Accepting Appointment