## 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.

1. IS THIS AN AMENDMENT? SECTION A. CANDIDATE 2. Last Name LAS CV	Yes						FILE NUMBE	
2. Last Name			s, please ent	er the file i	number in this bo	x.→ 32	2-25-019	
2. Last Name	EINFO	RMATION: FI	l în all appl	icable bo	xes as fully and	accurate	ly as possible.	
lacley		rst Name		Name	Nickname		3. Type of Committee (0	
		Tamara	S		lamm	1	Exploratory Committee	
4. Mailing Address (number and street, city 7411 W Co Rd 800		UP code)		6. FAX (0)	otionel)	6, E-mail Ad	Idress (Optional)	
7. City	State	ZIP Code	8. County		9. Telephone (Day)	1 14	0. Telephone (Evening)	
North Salen	IN	46165	Hends		317,989-0	054 1	)	
11. Party Affiliation	ublican (**	Other	12	Office Soug	M (Include district numb	er, Hany, Not	required for an exploratory of	committee
SECTION B. COMMITTEE			In all ano	icable bo	es as fully and	accurate	ly as possible	
13. Full Name of Committee (Do not eb	bbreviate.)	Check If this is	a new name.		1	elocititetto	Actor prosentinen	
Tamara Lasley +	for E	el RiverT	ownshi	p This	tie			
14. Mailing Address (number and street, city 7611 W Co Rd 800	ly, stale, and	ZIP code) D Check	If this is a new a	ddress. 15, F	AX (Optional)	16, E-mail A	ddress (Optional)	
17. City	State	ZIP Code	18 County	.1	19. Telephone		Committee Organization	Date
North Salen	IN	44145	Hendric		1317,989-0	056	WOOM 4/25/25	
21. Chairperson's Full Name	lignate Ca	ndidate as Chairperso	on. 🛛 Checki	if this is a new	chairperson.			
22. Mailing Address (number and street, oily	y, stale, and ?	ZIP code) Check	If this is a new ac	dress. 23, Fr	X (Optional)	24. E-mail An	dress (Optional)	
					)			
25. City	State	ZIP Code	26, County		27. Telephone (Day)	20	3. Telephone (Evening)	
							)	
29. Bank or Other Depositories (List ell N/A			2			• •		32
30. Exploratory Committee (Give brief state N/A-	iement explai	ining purpose of an explor	story committee only				nmittee pay the candidate a opy of the contract.)	
SECTIONC. APPOINTMEN	NTOF	TREASURER	(IC 3.9.1.14	)				
2. I, as Chairperson of the committee, appoint the following	e foreg				Signature	of the Comm	asley	
reasurer of the Committee.	-	Tama	ra Lasle		and the second se	auc	asley	
3. Treasurer's Full Name Designa	ate candid	ate as treasurer.	Check if this is	a new treasur	er.		0	
Same as above	white and 7			denas lar FA	¥ (Ostasa)	Se E mall Ad	dress (Optional)	
	State, and 21					JO. EAMSII AU		
				oress. 30. FA				
4. Mailing Address (number and street, city,	State	ZIP Code	38. County	(	) 39. Telephone (Day)		. Telephone (Evening)	
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