



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

(CFA-1)

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

1. IS THIS AN AMENDMENT? ☐ Yes ☒ No If Yes, please enter the file number in this box. →

32-24-03

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Smith		First Name Mark		Middle Name Allen	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) 5920 Hickory Woods Dr				5. FAX (Optional) ()		6. E-mail Address (Optional) maslaw1@sbcglobal.net
7. City Plainfield	State IN	ZIP Code 46168	8. County Hendricks	9. Telephone (Day) (317) 718-6092	10. Telephone (Evening) (317) 442-2438	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Judge, Hendricks Superior Court #4			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Committee to Re-Elect Mark A. Smith						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5920 Hickory Woods Dr				15. FAX (Optional) ()		16. E-mail Address (Optional) markbarbsmith@sbcglobal.net
17. City Plainfield	State IN	ZIP Code 46168	18. County Hendricks	19. Telephone (317) 440-4629	20. Committee Organization Date (mm/dd/yy) 01/10/24	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Barbra L. Smith						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5920 Hickory Woods Dr				23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City Plainfield	State IN	ZIP Code 46168	26. County Hendricks	27. Telephone (Day) (317) 440-4629	28. Telephone (Evening) (317) 440-4629	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) None						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Barbra L. Smith			Person Appointed Treasurer Barbra L. Smith		Signature of the Committee Chairperson Barbra L. Smith	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Barbra L. Smith						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5920 Hickory Woods Dr				35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Plainfield	State IN	ZIP Code 46168	38. County Hendricks	39. Telephone (Day) (317) 440-4629	40. Telephone (Evening) (317) 440-4629	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment Barbra L. Smith	
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Barbra L. Smith	Signature of Chairperson Barbra L. Smith	Date (mm/dd/yy) 01/09/24
43. Typed or Printed Name of Candidate Mark A. Smith	Signature of Candidate Mark A. Smith	Date (mm/dd/yy) 01/09/24

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

2024 JAN 12 AM 10:49
MAILED
JAN 12 2024
CLERK OF THE INDIANA SUPREME COURT