



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.

						1/4	FILE NUMBER
1. IS THIS AN AMENDMENT?	☐ Yes	□ No If Yes,	please ente	the file n	umber in this box	. →	32-23-024
SECTION A. CANDIDATE	INFO	RMATION: Fill	in all applic	able box	es as fully and	accura	tely as possible.
2. Last Name	Fi	rst Name	Middle N	lame	Nickname		or type or communities (chesh che)
1 10150	-	Panoul	I				☐ Candidate's Principal Committee ☐ Exploratory Committee
WACIZ		KANOY		TE EAN (O-	(I)	6 E mail	Address (Optional)
4. Mailing Address (number and street, city,	state, and 2	ZIP code)		5. FAX (Op	tional)		741
717 BUTTERNIL	IT (COURT		()		rwal	+326@ COMPCAST- NET
7. City	State	ZIP Code	8. County		9. Telephone (Day)		10. Telephone (Evening)
Dansilile	IN	46122	HENDR	ICKS	(317) 557-9	815	(317) 557-9825
DAIDUITE		10.00	12.	Office Sough	t (Include district number	er, if any. I	Not required for an exploratory committee.)
11. Party Affiliation ☐ Democratic ☐ Libertarian ☐ Repu	blican [Other	Di	ANUITE	TOWN COUR	JCII,	AT LARGE
SECTION B. COMMITTEE	INFO	RMATION: Fill	in all appli	cable box	es as fully and	accura	tely as possible.
13. Full Name of Committee (Do not ab	breviate.)	☐ Check if this is	a new name.				
				TIAR	LIF		
14. Mailing Address (number and street, city	OILE	TOWN (if this is a new ad	dress. 15. F.	AX (Optional)	16. E-ma	il Address (Optional)
14. Mailing Address (number and street, city	.71	2	II tillo lo di lioni				+3260 COMCAST- NET
717 BUTTERADUT	COU		140.0	(19. Telephone	1 was	20. Committee Organization Date
17. City	State	ZIP Code	18. County	2 /	S comment of	00-	(mm/dd/yy)
DANILLE	IN	46122	HERLI	LICKS	(317) 557-9	800	7-24-2000
21. Chairperson's Full Name Des	signate C	andidate as Chairpers	on.	f this is a new	chairperson.		
2 21 - 1.12	172						
22. Mailing Address (number and street, city		d 7/P code)	if this is a new ad	dress. 23. F	AX (Optional)	24. E-ma	il Address (Optional)
22. Mailing Address (number and street, city	0	a-	II IIII IO II II II II			DULA	Ct276@COMCAST.NET
7/7 BUTTERDUT		3/61	00.0		27. Telephone (Day)	1 Wa	28. Telephone (Evening)
25. City	State	ZIP Code	26. County	1.60	27. Telephone (Day)	20 -	20. Telephone (Exerming)
DANVITE	FR	46122	HEULK	1CF-5	(311) 557-98	15	() SATTLE
29. Bank or Other Depositories (List al	l banks o	r other depositories in	which the commit	tee deposits f	unds, holds accounts, re	ents safety	deposit boxes or maintains funds.)
1 = 2 2 - 1 = 11	100	PANKAT	PUST				
30. Exploratory Committee (Give brief sta	stement exi	plaining purpose of an explo	ratory committee only	(.) 31. Salar	ies and Reimbursemer	nts (Will th	e committee pay the candidate a salary or
30. Exploratory Committee (one bild ste	itomont say	,		reimburse	ement for lost wages? If	Yes, attac	h a copy of the contract.) Yes No
			402011	1	The second second		
SECTION C. APPOINTME	NT O	FIREASURER	(IC 3-9-1-12	•)	Signature	of the Co	ommittee Chairperson
32. I, as Chairperson of the	I, as Chairperson of the foregoing Person Appointed Treasurer Signature of mittee, appoint the following person as				#111		
committee, appoint the following	ig pers	SEL	LF.		nel	6/	dals
Treasurer of the Committee. 33. Treasurer's Full Name Desig	nate can	didate as treasurer.	☐ Check if this is	s a new treas	urer.	7	7
00111000000	. /						
	Abou		if this is a new ac	dress. 35. F	AX (Optional)	36. E-m	ail Address (Optional)
34. Mailing Address (number and street, cit	ty, state, ar	d ZIF code)	in this is a field				
SAME			100.0		39. Telephone (Day)		40. Telephone (Evening)
37. City	State	ZIP Code	38. County		35. Telephone (Day)		To respect (2000)
SAME					()		()
	CE OF	APPOINTMEN	IT (IC 3-9-1-	15)		250	
to I wise medica that I accont	the du	ties and respons	ibilities of 119	easurer or	this Signature of P	erson/A	ccepting Appointment
Committee I am not the chair	person	of a campaign in	nance commi	ttee (excep	t as best	1	1 61 6
permitted for a candidate commit	ttee und	der IC 3-9-1-7).		O 1 7 2 1 1	neve		FOR OFFICE USE ONLY
SECTION E. CERTIFICAT	LION C	OF STATEMEN	hairmann a	the Com	mittee and that we	have	
We certify as the candidate are examined this statement. To the	nd the	duly appointed t	nairperson o	ie correct	and complete.	, mare	F-3
42. Typed or Printed Name of Ch	airpers	on Signature o	f Chairperson	/	Date (mm/dd/)	y)	1 7 8
42. Typed of Printed Name of Cit	anpers		P 1	//	- 2-24-	23	3 8 3
KANDY E WALT	2	- putte	at the	15	-		FILEBOARD A
43. Typed or Printed Name of Ca	ndidate	Signature	Candidate	DY	Date (mm/dd/)	(y)	· 三
		100	hd1/11/1	the.	2-24-	23	F
KANDY E WALTZ	change	in this information he	reported within t	en (10) days	of the change (IC 3-9-	1-10). A	₹ 50
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							
accurate report as required by the Ind	iana Car	npaign Finance Law (commits a Class	B misdemea	nor (IC 3-14-1-14), and	may be	75
subject to civil penalties (IC 3-9-4-16, IC	3-9-4-1	7, and IC 3-9-4-18).					U X