(D Days from 2/4/19)



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

State Form 4604 (R14 / 10-17) 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 th	ne file num	ber in this bo	x. →	32-19,0020
SECTION A . CANDIDATE							
2. Last Name		st Name	Middle Nam	ne boxes	Nickname	accure	3. Type of Committee (Check one)
252		7	1 /		77 001	7	Candidate's Principal Committee
MINIP	/	TONIDEAN	LYN	IN	KON	1	☐ Exploratory Committee
4. Mailing Address (number and street, city,	state, and 2	IP code)	5.	FAX (Optiona	1)	6. E-mai	I Address (Optional)
109 MADTIN	DR		1	317, 7/8	-1190	n a	TNIP 7908 & att. Net
7. City	State	ZIP Code	8. County	9.	Telephone (Day)	1 (1	10. Telephone (Evening)
Daniella	IN	46122		1		12261	The state of the s
11. Party Affiliation		7412			17, 745-2	228	() Not required for an exploratory committee.)
Democratic Libertarian Repu	hlican 🗖	Other	12. 0111	ce sought (//	Glude district num	ber, II any.	Not required for an exploratory committee.)
SECTION B. COMMITTEE			in all applical	ble bever	ac fully and		ataly as wessitely
13. Full Name of Committee (Do not ab				die boxes	as runy and	accura	itely as possible.
			and the same of th	100			
KONI ATN		Election			0 11 11	10 =	
14. Mailing Address (number and street, city	, state, and	ZIP code) LI Check i	i this is a new addres	SS. 15. FAX (Эрпопаі)	16. E-ma	all Address (Optional)
109 MARTIN	DR			()			
17. City	State	ZIP Code	18. County		Telephone		20. Committee Organization Date
DANUILLE	IN	46122	HENDRICK	(5)	171745.2	328	(mm/dd/yy) 02/12/19
21. Chairperson's Full Name Des	signate Ca	ndidate as Chairperso	n.	s is a new chai	rperson.		
RONIDEAN	AT	NID					
22. Mailing Address (number and street, city			f this is a new addres	S 23 FAY //	Ontional	24 E-m	ail Address (Optional)
zz. maining radioss (manusi and shoot, on)	, ound, one	zir sodo) 🔟 Gridan i	THIS IS A TION AGAING		Spuonaly	24, 14116	in Address (Optional)
05.00		710.0	100.0	()			
25. City	State	ZIP Code	26. County	27.	Telephone (Day)		28. Telephone (Evening)
				()		()
29. Bank or Other Depositories (List all	banks or	other depositories in w	hich the committee o	deposits funds,	holds accounts, re	ants safety	deposit boxes or maintains funds.)
PNC BANK							
30. Exploratory Committee (Give brief star	tement expla	ining purpose of an explora	atory committee only.) 3	31. Salaries a	nd Reimbursemei	nts (Will th	e committee pay the candidate a salary or
FOR election)		1	reimbursemen	for lost wages? If	Yes, attac.	h a copy of the contract.) Yes No
SECTION C. APPOINTME	OF REAL PROPERTY.	TREASURER	(IC 3-9-1-14)	STATE OF THE PARTY.	STATE OF THE PARTY OF	Section 19	
32. I, as Chairperson of th					Signature	of the Co	mmittee Chairperson
committee, appoint the followin			A TIME			/	C. a
Treasurer of the Committee.		n as RON(HINI	0	Xo	ni c	unip
33. Treasurer's Full Name Design	ate candi	date as treasurer.	Check if this is a ne	ew treasurer.			/
34. Mailing Address (number and street, city	, state, and	ZIP code)	this is a new addres	s. 35. FAX (0	Optional)	36. E-ma	il Address (Optional)
37. City	State	ZIP Code	38, County	39.	Telephone (Day)		40, Telephone (Evening)
							(Eranny)
SESTION B. ASSERTANCE	DE OF	ABBONITHEN	(10 0 0 1 1 5))		()
		APPOINTMENT			Simulation (P	BUSINE	AND THE RESERVE OF THE PARTY OF THE PARTY.
41. I give notice that I accept to					Signature of P		
Committee. I am not the chair: permitted for a candidate committ			ance committee	(except as	Koni	a	trup
SECTION E. CERTIFICAT	THE RESERVE TO SHARE THE PARTY OF THE PARTY	A STATE OF THE PARTY OF THE PAR		STATE OF THE PARTY	STATE OF THE PARTY.	25 10	FOR OFFICE USE ONLY
We certify as the candidate and	ALL DESCRIPTION OF THE PARTY OF	The state of the s	airperson of the	Committee	and that we	have	programmed TOUCHER
examined this statement. To the b	est of o	ur knowledge and	belief it is true, co	orrect and o	omplete.		19-11 121 0
42. Typed or Printed Name of Cha	irperson	Signature of (Chairperson		Date (mm/dd/y))	
RONI ATNIP		(Rani	agness		02/12/1	9	11.411.09 01.02.14
43. Typed or Printed Name of Can	didato	Signature of	Candidata			*	BFEB 13 AM II: 11
	uldate	Signature of (Date (mm/dd/yy	.6	
RONI ATNIP		Orone	atny		02/12/	19	
Warning: State law requires that any o	hange in	this information be rep	ported within ten (1)	0) days of the	change (IC 3-9-1	-10). A	11 15 15 15 15 15 15 15 15 15 15 15 15 1
person who knowingly files a fraudulent							CLERKOFTHEHENDRIGG COURT
accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC 3			minits a Class B mis	demeanor (/C	3-14-1-14), and i	nay be	HEED
conjunction with position from the contract for the							