

10 days. 1/15



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

(CFA-1)

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 the file number in this box. → 32-19-0010

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

2. Last Name BRIDGET		First Name DANIEL		Middle Name EARL	Nickname DAN	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) 411 S. CARR RD. PLAINFIELD				5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City PLAINFIELD	State IN	ZIP Code 46168	8. County HENDRICKS	9. Telephone (Day) (317) 868-0013	10. Telephone (Evening) (317) 868-0013		
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.) PLAINFIELD TOWN COUNCIL WARD 5			

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. DAN BRIDGET ELECTION COMMITTEE							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 411 S. CARR RD.				15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City PLAINFIELD	State IN	ZIP Code 46168	18. County HENDRICKS	19. Telephone (317) 868-0013	20. Committee Organization Date (mm/dd/yy)		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. DANIEL EARL BRIDGET							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 411 S. CARR RD.				23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City PLAINFIELD	State IN	ZIP Code 46168	26. County HENDRICKS	27. Telephone (Day) (317) 868-0013	28. Telephone (Evening) (317) 868-0013		
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.) INDIANA MEMBERS CREDIT UNION							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				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.		Person Appointed Treasurer PATRICIA M. BRIDGET		Signature of the Committee Chairperson <i>Daniel Earl Bridget</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. PATRICIA M. BRIDGET							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 411 S. CARR RD.				35. FAX (Optional) ()		36. E-mail Address (Optional) patyeb49@gmail.com	
37. City PLAINFIELD	State IN	ZIP Code 46168	38. County HENDRICKS	39. Telephone (Day) (317) 407-5435	40. Telephone (Evening) (317) 407-5435		

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 <i>Patricia M. Bridget</i>					
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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 DANIEL EARL BRIDGET	Signature of Chairperson <i>Daniel Earl Bridget</i>	Date (mm/dd/yy) 01/17/19
43. Typed or Printed Name of Candidate DANIEL EARL BRIDGET	Signature of Candidate <i>Daniel Earl Bridget</i>	Date (mm/dd/yy) 01/17/19

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 3-14-1-3). 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

FILED
JAN 18 AM 10:12
CLERK OF HENDRICKS COUNTY