



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)

FILED
(CFA-1)
JAN 17 2019
 CLERK HENDRICKS CIRCUIT SUPERIOR COURT

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FILE NUMBER

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

32-19-009

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

| | | | | | | | |
|---|--------------------|-----------------------------|-------------------------------|---|----------|---|--|
| 2. Last Name HARTSOCK | | First Name STEVEN | | Middle Name DALE | 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) 94 North CROSS STREET | | | | 5. FAX (Optional) | | 6. E-mail Address (Optional) Captainhartsock@gmail.com | |
| 7. City DANVILLE | State IN | ZIP Code 46122 | 8. County HENDRICKS | 9. Telephone (Day) (317) 745-6783 | | 10. Telephone (Evening) (317) 719-7485 | |
| 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.) TOWN COUNCIL AT LARGE | | | |

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. HARTSOCK FOR TOWN COUNCIL | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. SAME AS ABOVE | | | | 15. FAX (Optional) | | 16. E-mail Address (Optional) | |
| 17. City SAME | State | ZIP Code | 18. County | 19. Telephone | | 20. Committee Organization Date (mm/dd/yy) 01/17/2019 | |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Olen Dale Miller Jr | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1780 10th Street | | | | 23. FAX (Optional) | | 24. E-mail Address (Optional) Olen@MillHouseRealty.com | |
| 25. City Danville | State IN | ZIP Code 46122 | 26. County Hendricks | 27. Telephone (Day) (317) 522-6543 | | 28. Telephone (Evening) Same | |
| 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.) North Salem State Bank | | | | | | | |
| 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. LORI Gilliam | | | Person Appointed Treasurer | | Signature of the Committee Chairperson | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. LORI Gilliam | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 94 North CROSS STREET | | | | 35. FAX (Optional) | | 36. E-mail Address (Optional) | |
| 37. City DANVILLE | State IN | ZIP Code 46122 | 38. County HENDRICKS | 39. Telephone (Day) (317) 745-6783 | | 40. Telephone (Evening) (317) 437-8218 | |

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

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|--|--|--|--|--|--|--|--|
| 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 Lori Gilliam | | | | |
|--|--|--|--|--|--|--|--|

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. | | | | FOR OFFICE USE ONLY FILED HENDRICKS CIRCUIT SUPERIOR COURT JAN 17 AM 11:34 | | | | | |
| 42. Typed or Printed Name of Chairperson Olen Dale Miller Jr | | Signature of Chairperson <i>[Signature]</i> | | | | | | Date (mm/dd/yy) 01/17/2019 | |
| 43. Typed or Printed Name of Candidate STEVEN D. HARTSOCK | | Signature of Candidate <i>[Signature]</i> | | | | | | Date (mm/dd/yy) 01/17/2019 | |
| 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). | | | | | | | | | |