



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. →

32-20-0016

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

2. Last Name **DAWES** First Name **DENNIS** Middle Name **W** Nickname **DENNY** 3. Type of Committee (Check one)
 Candidate's Principal Committee
 Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code) **36 BRANDYWINE CT** 5. FAX (Optional) () 6. E-mail Address (Optional) **denniswdawes@gmail.com**

7. City **BROWNSBURG** State **IN** ZIP Code **46112** 8. County **HENDRICKS** 9. Telephone (Day) **317 691-5211** 10. Telephone (Evening) **317 691-5211**

11. Party Affiliation Democratic Libertarian Republican Other 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) **COUNTY COMMISSIONER DISTRICT 2**

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

13. Full Name of Committee (Do not abbreviate.) Check if this is a new name. **DAWES FOR COUNTY COMMISSIONER**

14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. **36 BRANDYWINE CT** 15. FAX (Optional) () 16. E-mail Address (Optional) **denniswdawes@gmail.com**

17. City **BROWNSBURG** State **IN** ZIP Code **46112** 18. County **HENDRICKS** 19. Telephone **317 691-5211** 20. Committee Organization Date (mm/dd/yy)

21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson. **DANIEL R. WHIPPLE, MD**

22. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. **8244 E US HWY 36 #200** 23. FAX (Optional) () 24. E-mail Address (Optional)

25. City **AVON** State **IN** ZIP Code **46123** 26. County **HENDRICKS** 27. Telephone (Day) **317 272-2020** 28. Telephone (Evening)

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.) **STATE BANK LITTON**

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.) Yes 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 **JEFFREY M. DONOVAN, CPA** Signature of the Committee Chairperson *[Signature]*

33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer. **JEFFERY M. DONOVAN, CPA**

34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. **5151 E US HWY 36** 35. FAX (Optional) () 36. E-mail Address (Optional) **jdonovan@cpadonovan.com**

37. City **AVON** State **IN** ZIP Code **46123** 38. County **HENDRICKS** 39. Telephone (Day) **317 745-6411** 40. Telephone (Evening)

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 *[Signature]*

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 R. WHIPPLE, MD** Signature of Chairperson *[Signature]* Date (mm/dd/yy) **2/7/20**

43. Typed or Printed Name of Candidate **DENNIS W. DAWES** Signature of Candidate *[Signature]* Date (mm/dd/yy) **2/7/20**

FOR OFFICE USE ONLY

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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).

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