

10 days.



FILED
CLERK OF THE HENDRICKS COUNTY

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)

2020 JUN 29 AM 10:07

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. → 32-20-2020

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

2. Last Name Dunlevy		First Name Sharon		Middle Name	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) 1516 Stafford Rd				5. FAX (Optional)		6. E-mail Address (Optional) sgdunlevy@comcast.net	
7. City Plainfield	State IN	ZIP Code 46168	8. County Hendricks	9. Telephone (Day) 317 258-9214		10. Telephone (Evening)	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) County Commissioner, District 3			

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

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Sharon Dunlevy for Hendricks County Commissioner							
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 1516 Stafford Rd				15. FAX (Optional)		16. E-mail Address (Optional) sgdunlevy@comcast.net	
17. City Plainfield	State IN	ZIP Code 46168	18. County Hendricks	19. Telephone 317 258-9214		20. Committee Organization Date (mm/dd/yy) 06/29/20	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Sharon Dunlevy							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional)		24. E-mail Address (Optional)	
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 which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) USAA Savings 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.			Person Appointed Treasurer Sharon Dunlevy		Signature of the Committee Chairperson Sh		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Sharon Dunlevy							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional)		36. E-mail Address (Optional)	
37. City	State	ZIP Code	38. County	39. Telephone (Day)		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 Sh				
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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 Sharon Dunlevy		Signature of Chairperson Sh		Date (mm/dd/yy) 06/29/20
43. Typed or Printed Name of Candidate Sharon Dunlevy		Signature of Candidate Sh		Date (mm/dd/yy) 06/29/20

FOR OFFICE USE ONLY

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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