

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

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.

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

2. Last Name, First Name, Middle Name, Nickname, 3. Type of Committee, 4. Mailing Address, 5. FAX, 6. E-mail Address, 7. City, State, ZIP Code, County, 9. Telephone (Day), 10. Telephone (Evening), 11. Party Affiliation, 12. Office Sought

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

13. Full Name of Committee, 14. Mailing Address, 15. FAX, 16. E-mail Address, 17. City, State, ZIP Code, County, 18. Telephone, 19. Telephone (Evening), 20. Committee Organization Date, 21. Chairperson's Full Name, 22. Mailing Address, 23. FAX, 24. E-mail Address, 25. City, State, ZIP Code, County, 26. Telephone (Day), 27. Telephone (Evening), 28. Bank or Other Depositories, 29. Exploratory Committee, 30. Salaries and Reimbursements

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, 33. Treasurer's Full Name, 34. Mailing Address, 35. FAX, 36. E-mail Address, 37. City, State, ZIP Code, County, 38. Telephone (Day), 39. 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).

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, Signature of Chairperson, Date, 43. Typed or Printed Name of Candidate, Signature of Candidate, Date

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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).