



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.* → **32-24-008**

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

2. Last Name LAWSON		First Name Mikayla		Middle Name Anne		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 102 S. Broadway St. PO BOX 234					5. FAX (Optional) ()		6. E-mail Address (Optional) mikaylaanne16@gmail.com		
7. City North Salem		State IN	ZIP Code 46165	8. County Hendricks		9. Telephone (Day) (317) 847-3555		10. Telephone (Evening) (317) 847-3555	
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.)				

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. LAWSON for Council									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 102 S. Broadway St. PO BOX 234					15. FAX (Optional) ()		16. E-mail Address (Optional) mikaylaanne16@gmail.com		
17. City North Salem		State IN	ZIP Code 46165	18. County Hendricks		19. Telephone (317) 847-3555		20. Committee Organization Date (mm/dd/yy) 1/26/24	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Mikayla Lawson									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 102 S. Broadway St. PO BOX 234					23. FAX (Optional) ()		24. E-mail Address (Optional) mikaylaanne16@gmail.com		
25. City North Salem		State IN	ZIP Code 46165	26. County Hendricks		27. Telephone (Day) (317) 847-3555		28. Telephone (Evening) (317) 847-3555	
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 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				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.													
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			
--	--	--	--	--	--	---	--	--	--

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 Mikayla Lawson			Signature of Chairperson <i>[Signature]</i>				Date (mm/dd/yy) 1/26/24			FOR OFFICE USE ONLY <i>Marygina Pike</i> 2024 JAN 26 AM 9:45 FILED CLERK OF THE INDIANA SUPREME COURT
43. Typed or Printed Name of Candidate Mikayla Lawson			Signature of Candidate <i>[Signature]</i>				Date (mm/dd/yy) 1/26/24			

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).