CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
State Form 4604 (R13/9-10)
Indiana Election Commission (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?  ☑ No  ☐ Yes  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   3. Type of Committee (Check one)
   Bailey
   ☐ Candidate's Principal Committee
   ☐ Exploratory Committee

4. First Name   5. FAX (Optional)
   Jack
   ☐ NA

6. E-mail Address (Optional)
   NA

7. Middle Name
   Lee

8. County
   NA

9. Telephone (Day)
   NA

10. Telephone (Evening)
    NA

11. Party Affiliation
    ☐ Democratic
    ☐ Libertarian
    ☐ Republican
    ☐ Other

12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
    Lawrence Council at Large

13. Full Name of Committee (Do not abbreviate)  ☐ Check if this is a new name
    Lawrence Council at Large

14. Mailing Address  ☐ Check if this is a new address
    12340 E 62

15. FAX (Optional)
    NA

16. E-mail Address (Optional)
    NA

17. City
    Lawrence

18. County
    Marion

19. Telephone
    (317) 945-3783

20. Committee Organization Date (MM-DD-YY)
    NA

21. Chairperson's Full Name  ☐ Designate Candidate as Chairperson  ☐ Check if this is a new chairperson
    NA

22. Mailing Address  ☐ Check if this is a new address
    12340 E 62

23. FAX (Optional)
    NA

24. E-mail Address (Optional)
    NA

25. City
    Lawrence

26. County
    Marion

27. Telephone (Day)
    (317) 945-3783

28. Telephone (Evening)
    NA

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.)
    BMO Harris

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)
    NA

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.)  ☑ No  ☐ Yes

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:
    Signature of the Committee Chairperson

33. Treasurer's Full Name  ☐ Designate candidate as treasurer  ☐ Check if this is a new treasurer
    NA

34. Mailing Address  ☐ Check if this is a new address
    12340 E 62

35. FAX (Optional)
    NA

36. E-mail Address (Optional)
    NA

37. City
    Lawrence

38. County
    Marion

39. Telephone (Day)
    (317) 945-3783

40. Telephone (Evening)
    NA

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

41. I, as Chairperson of the foregoing committee, accept the duties and responsibilities of Treasurer of this committee.
    Signature of Person Accepting Appointment
    Jack Bailey

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
    Jack Bailey
    Signature of Chairperson

43. Typed or Printed Name of Candidate
    Signature of Candidate
    Date (MM-DD-YY)

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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).

FOR OFFICE USE ONLY

JAN 26 2015

FILED