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.

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.

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

12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
[Clark-Treasurer of the City of Southport]

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

The Committee to Elect Shara Hostetter

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

7820 Partridge Rd.

15. FAX (Optional)

☐ N/A

16. E-Mail Address (Optional)

Shara.Hostetter@yahoo.com

17. City
Southport

18. County
Marion

19. Telephone (Day)
(317) 506-4661

20. Committee Organization Date
(MM-DD-YY) 01-02-15

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

Shara B. Hostetter

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

7820 Partridge Rd.

23. FAX (Optional)

☐ N/A

24. E-Mail Address (Optional)

Shara.Hostetter@yahoo.com

25. City
Southport

26. County
Marion

27. Telephone (Day)
(317) 506-4661

28. Telephone (Evening)
(317) 506-4661

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.)

Chase

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

☐ N/A

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.

Shara B. Hostetter

Person Appointed Treasurer

Shara B. Hostetter

Signature of the Committee Chairperson

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

Shara B. Hostetter

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

7820 Partridge Rd.

35. FAX (Optional)

☐ N/A

36. E-Mail Address (Optional)

Shara.Hostetter@yahoo.com

37. City
Southport

38. County
Marion

39. Telephone (Day)
(317) 506-4661

40. Telephone (Evening)
(317) 506-4661

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

Shara B. Hostetter

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
Shara B. Hostetter

Signature of Chairperson

Date (MM-DD-YY)

43. Typed or Printed Name of Candidate
Shara B. Hostetter

Signature of Candidate

Date (MM-DD-YY)

Statement signed under penalty of perjury.

FOR OFFICE USE ONLY

FILED
JAN 27 2015
Myra A. Eldridge

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).