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 MASCARI First Name FRANK Middle Name Nickname

4. Mailing Address 411 PARK MEADOW CT

5. FAX (Optional) FRANK 526 (765) 872-0217

6. E-MAIL ADDRESS (Optional) FRANK 526 (765) 872-0217

7. City BEECH GROVE State IN ZIP Code 46107

8. County MARION

9. TELEPHONE (Day) (317) 850-8601 10. TELEPHONE (Evening) (317) 850-8601

11. PARTY AFFILIATION ☑ DEMOCRATIC ☐ LIBERTARIAN ☐ REPUBLICAN ☐ OTHER

12. OFFICE SOUGHT (Include district number, if any. Not required for an exploratory committee.) CITY COUNCIL DISTRICT 21

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

MASCARI CITY COUNCIL

14. MAILING ADDRESS ☑ check if this is a new address

17. CITY BEECH GROVE State IN ZIP CODE 46107

18. COUNTY MARION

19. TELEPHONE SAME

20. COMMITTEE ORGANIZATION DATE (MM-DD-YY) 4/15/11

21. CHAIRPERSON’S FULL NAME ☑ CHECK IF THIS IS A NEW CHAIRPERSON

22. MAILING ADDRESS ☑ CHECK IF THIS IS A NEW ADDRESS

23. FAX (Optional) ☑ CHECK IF THIS IS A NEW CHAIRPERSON

24. E-MAIL ADDRESS (Optional)

25. CITY SAME State ZIP CODE

26. COUNTY SAME

27. TELEPHONE (Day) SAME 28. TELEPHONE (Evening) SAME

29. BANK OR OTHER DEPOSITORY (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

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.) ☐ 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.

33. TREASURER’S FULL NAME ☑ CHECK IF THIS IS A NEW TREASURER

34. MAILING ADDRESS ☑ CHECK IF THIS IS A NEW ADDRESS

35. FAX (Optional)

36. E-MAIL ADDRESS (Optional)

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).

42. SIGNATURE OF PERSON ACCEPTING APPOINTMENT

SECTION E. CERTIFICATION OF STATEMENT

43. TYPED OR PRINTED NAME OF CANDIDATE

FOR OFFICE USE ONLY

FILED

FEB 11 2015

MYLA A. ELDREDGE

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 3-9-1-19). 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 3-9-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).