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

State Form 4904 (R12/9-09)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(1) 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 Mitchell
   First Name Brenda
   Middle Name Clair

3. Type of Committee (Check one)
   □ Candidate's Principal Committee
   □ Exploratory Committee

4. Mailing Address 1505 Yarwood Dr

5. Fax (Optional)

6. Email Address (Optional)

7. City Beech Grove
   State IN
   Zip Code 46107
   County Marion
   Telephone (Day) 317-381-1354
   Telephone (Evening)

8. Office Sought (Include district number, if any. Not required for an exploratory committee.) Clerk-Treasurer, Beech Grove

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

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

15. Fax (Optional)

16. Email Address (Optional)

17. City Beech Grove
   State IN
   Zip Code 46107
   County Marion
   Telephone 317-381-1354
   Committee Organization Date 11/16/15

18. Chairperson's Full Name  □ Designate candidate as Chairperson  □ Check if this is a new chairperson

19. Fax (Optional)

20. Email Address (Optional)

21. Mailing Address  □ Check if this is a new address

22. Fax (Optional)

23. Email Address (Optional)

24. 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.)

25. City Beech Grove
   State IN
   Zip Code 46107
   County Marion
   Telephone 317-381-1354

26. Fax (Optional)

27. Email Address (Optional)

28. Telephone (Day) 317-381-1354
   Telephone (Evening)

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

30. 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 the Treasurer of the Committee.

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

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

35. Fax (Optional)

36. Email Address (Optional)

37. City Beech Grove
   State IN
   Zip Code 46107
   County Marion
   Telephone 317-381-1354

38. Fax (Optional)

39. Email Address (Optional)

40. Telephone (Day) 317-381-1354
   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 the 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

42. Typed or Printed Name of Chairperson

43. Typed or Printed Name of Candidate

Warning: State law requires that any change in the 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 3-9-1-13). 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 3-9-1-14), and may be subject to civil penalties (IC 3-9-1-15, IC 3-9-1-16, and IC 3-9-1-17).

FILED
JAN 21 2015

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Received Time Jan. 21, 2015 11:32AM No. 7772
REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4066 (R/13/11-05)
Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?  □ Yes  □ No

COMMITTEE INFORMATION
1. Full Name of Committee (as on Statement of Organization)  □ Check if this is a new name
Fred Freeman for Lawrence Township Advisory Board
2. Acronym or Abbreviated Name (if any)

4. Mailing Address (address where all campaign finance correspondence is received)
10628 Bartley Drive
Lawrence, Ind. 46236-8389

5. City, State, ZIP Code
Lawrence, Ind. 46236-8389
6. Party Affiliation (if applicable)  Democratic

CANDIDATE INFORMATION (For Candidate's Committees Only)
7. Full Name of Candidate (include any nickname)
Fred Freeman
8. Party Affiliation or Independent Candidate  Democratic

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Lawrence Township Advisory Board District 1
10. County of Residence  Marion

TYPE OF REPORT
11. Check one:
[ ] Pre-Primary  [ ] Pre-Election  [ ] Annual  [ ] Nomination  [ ] Other
[ ] Final/Debates Committee (lines 16, 19, and 20 must be 0)  [ ] Outgoing Treasurer (within 10 days amend Statement of Organization)

12. Reporting Period:
From: 11-1-14
Through: 12-31-14

CONVENTION CANDIDATES ONLY
Check one:
[ ] Pre-Convention  [ ] Post-Convention

13. Cash on hand and investments at the beginning of this reporting period.

14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a and 15b in both columns

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

EXPENDITURES
(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question; use Schedule C)

17b. Unitemized

17c. Add lines 17a and 17b in both columns

18. Cash on hand and investments at close of this reporting period (subtract 17c from line 16 in both columns).

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer:
Title: Treasurer
Date: 1-20-15

Signature of Candidate (if applicable):

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
files a fraudulent report commits a Class D felony. (IC 3-9-4-13) 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 3-9-4-14) and may be subject to civil penalties. (IC 3-9-4-10, IC 3-9-4-17, IC 3-9-4-18)