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
   Northern
3. First Name
   Bruce
4. Middle Name
   Alan
5. Type of Committee (Check one)
   ☑ Candidate's Principal Committee
   ☐ Exploratory Committee
6. Mailing Address
   5005 mindy Dr.
7. City
   Lawrence
8. State
   IN
9. ZIP Code
   46235
10. County
    Marion
11. Party Affiliation
    ☑ Republican
    ☐ Libertarian
    ☐ Democratic
    ☐ Other
12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
    Lawrence Common Council District 2
13. Full Name of Committee (Do not abbreviate) ☑ Check if this is a new name
    Leadership For Lawrence
14. Mailing Address
    5005 mindy Dr.
15. FAX (Optional)
16. E-mail Address (Optional)
17. City
   Lawrence
18. State
   IN
19. ZIP Code
   46235
20. County
    Marion
21. Telephone (Day)
    317-987-0873
22. Telephone (Evening)
    317-757-5962
23. Committee Organization Date
    04/29/15
24. Designate Candidate as Chairperson ☑ Check if this is a new chairperson
   Bruce Alan Northern
25. Mailing Address
    5005 mindy Dr.
26. City
   Lawrence
27. State
   IN
28. ZIP Code
   46235
29. County
    Marion
30. Telephone (Day)
    317-987-0873
31. Telephone (Evening)
    317-757-5962
32. 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.)
    WFD Forest National
33. 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 B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

14. Mailing Address
    5005 mindy Dr.
15. FAX (Optional)
16. E-mail Address (Optional)
17. City
   Lawrence
18. State
   IN
19. ZIP Code
   46235
20. County
    Marion
21. Telephone (Day)
    317-987-0873
22. Telephone (Evening)
    317-757-5962
23. Committee Organization Date
    04/29/15
24. Designate Candidate as Chairperson
    Bruce Alan Northern
25. Mailing Address
    5005 mindy Dr.
26. City
   Lawrence
27. State
   IN
28. ZIP Code
   46235
29. County
    Marion
30. Telephone (Day)
    317-987-0873
31. Telephone (Evening)
    317-757-5962
32. 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.)
    WFD Forest National
33. 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.
    Person Appointed Treasurer
    Tess Burns
    Signature of the Committee Chairperson
    Tess Burns
33. Treasurer's Full Name
    Tess Kathleen Burns
34. Mailing Address
    9432 Champion Drive
35. FAX (Optional)
    N/A
36. E-mail Address (Optional)
    TessKB327@gmail.com
37. City
   Indianapolis
38. State
   IN
39. ZIP Code
   46256
40. County
    Marion
41. Telephone (Day)
    317-440-5163
42. Telephone (Evening)
    317-440-5163
43. Acceptance of Appointment (IC 3-9-1-13)
    Signature of Person Accepting Appointment
    Tess Burns
    Date (MM-DD-YY)
    1/29/15

SECTION D. 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
    Bruce A. Northern
    Signature of Chairperson
    Tess Burns
    Date (MM-DD-YY)
    1/29/15
43. Typed or Printed Name of Candidate
    Bruce A. Northern
    Signature of Candidate
    Tess Burns
    Date (MM-DD-YY)
    1/29/15

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

(Stamp or Handwriting)
JAN 29 2015
FILED