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.

2. Last Name REYNOLD
   First Name MARK
   Middle Name TAYLOR

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

4. Mailing Address 101 S. HEFLIN ST.

5. FAX (Optional)

6. E-mail Address (Optional)

7. City CUMBERLAND
   State IN
   ZIP Code 46229
   County MARION

8. Telephone (Day) N/A

9. Telephone (Evening) 317-371-7068

11. Party Affiliation ☐ Democratic ☐ Libertarian ☐ Republican ☐ Other ☐
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) TOWN COUNCILOR DIST. 4

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 COMMITTEE TO ELECT MARK REYNOLD

14. Mailing Address ☐ Check if this is a new address 101 S. HEFLIN ST.

15. FAX (Optional)

16. E-mail Address (Optional)

17. City CUMBERLAND
   State IN
   ZIP Code 46229
   County MARION

18. Telephone 317-371-7068

19. Telephone (Day) 317-371-7068

20. Committee Organization Date 2-2-2015

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

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

23. FAX (Optional)

24. E-mail Address (Optional)

25. City  /
   State IN
   ZIP Code

26. County MARION

27. Telephone (Day) 

28. Telephone (Evening) 

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.) NO FUNDS OR BANK YET

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.
   Person Appointed Treasurer MARK REYNOLD
   Signature of the Committee Chairperson MARK REYNOLD

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 SAME AS ABOVE

35. FAX (Optional)

36. E-mail Address (Optional)

37. City 
   State IN
   ZIP Code

38. County MARION

39. Telephone (Day) 

40. 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 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 MARK REYNOLD
   Date 2/2/15

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.
   For Office Use Only
   FILED
   FEB 03 2015
   Myla 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 3-9-1-15, IC 3-9-1-17, and IC 3-9-1-18).