1. IS THIS AN AMENDMENT? ☑ No ☑ Yes

FILE NUMBER
49 - 2293

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name
Treat
First Name
LINDA
Middle Name
Nickname

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

4. Mailing Address
8126 E. 50th St

5. FAX (Optional)

6. E-mail Address (Optional)

7. City
Lawrence
State
IN
ZIP Code
46226
8. County
MARION

9. Telephone (Day)
(317) 547-4135
10. Telephone (Evening)
(317) 547-4135

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

12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
Mayor (City of Lawrence)

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate)
TREAT FOR THE CITY OF LAWRENCE

14. Mailing Address
8126 E. 50th St

15. FAX (Optional)

16. E-mail Address (Optional)

17. City
Lawrence
State
IN
ZIP Code
46226
18. County
MARION

19. Telephone
(317) 547-4135
20. Committee Organization Date
06-13-14

21. Chairperson's Full Name
LINDA TREAT

☐ Designate Candidate as Chairperson
☐ Check if this is a new chairperson

22. Mailing Address
8126 E. 50th St

23. FAX (Optional)

24. E-mail Address (Optional)

25. City
Lawrence
State
IN
ZIP Code
46226
26. County
MARION

27. Telephone (Day)
(317) 547-4135
28. Telephone (Evening)
(317) 547-4135

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.)
OLD NATIONAL BANK

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. As Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee:
Person Appointed Treasurer
RonalD Treat
Signature of the Committee Chairperson
LINDA TREAT

33. Treasurer’s Full Name
RonalD TREAT

☐ Designate candidate as treasurer
☐ Check if this is a new treasurer

34. Mailing Address
8126 E. 50th St

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). Signature of Person Accepting Appointment
RonalD TREAT

SECTION E. CERTIFICATION OF STATEMENT
FOR OFFICE USE ONLY

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
LINDA TREAT
Signature of Chairperson
LINDA TREAT
Date (MM/DD/YY)
01-16-15

43. Typed or Printed Name of Candidate
LINDA TREAT
Signature of Candidate
LINDA TREAT
Date (MM/DD/YY)
01-16-15

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).