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 □ First Name □ Middle Name □ Nickname □
VAUGHN LARRY LAVERN GLASSMAN

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

4. Mailing Address
1810 LUTHER ST INDPLS IN 46203

5. FAX (Optional) □ E-mail Address (Optional) □
NA

6. City □ State □ ZIP Code □ County □ Telephone (Day) □ Telephone (Evening)
IN 46203 MARION (317) 789-4623 □ NA

7. City □ State □ ZIP Code □ County □ Telephone (Day) □ Telephone (Evening)
INDPLS IN 46203 MARION □ NA

10. Party Affiliation □ Democratic □ Libertarian □ Republican □ Other
MAYOR OR INDPLS

11. Office Sought (Identify office in which you have been a candidate for the office)

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

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
LARRY VAUGHN

14. Mailing Address □ Check if this is a new address
1810 LUTHER ST INDPLS IN 46203

15. FAX (Optional) □ E-mail Address (Optional) □
NA

16. City □ State □ ZIP Code □ County □ Telephone (Day) □ Telephone (Evening)
INDPLS IN 46203 MARION (317) 789-4623 □ NA

17. City □ State □ ZIP Code □ County □ Telephone (Day) □ Telephone (Evening)
INDPLS IN 46203 MARION □ NA

20. Committee Organization Date (MM-DD-YY)
11/9/14

21. Chairperson’s Full Name □ Designate Candidate as Chairperson □ Check if this is a new chairperson
LARRY VAUGHN

22. Mailing Address □ Check if this is a new address
1810 LUTHER ST INDPLS

23. FAX (Optional) □ E-mail Address (Optional) □
NA

24. City □ State □ ZIP Code □ County □ Telephone (Day) □ Telephone (Evening)
INDPLS IN 46203 MARION (317) 789-4623 □ NA

25. City □ State □ ZIP Code □ County □ Telephone (Day) □ Telephone (Evening)
INDPLS IN 46203 MARION □ NA

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.)
NA

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 Person Appointed Treasurer
Signature of the Committee Chairperson
LARRY VAUGHN
ZLARRYVAUGHN

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

34. Mailing Address □ Check if this is a new address
1810 LUTHER ST INDPLS IN 46203

35. FAX (Optional) □ E-mail Address (Optional) □
NA

36. City □ State □ ZIP Code □ County □ Telephone (Day) □ Telephone (Evening)
INDPLS IN 46203 MARION (317) 789-4623 □ NA

37. City □ State □ ZIP Code □ County □ Telephone (Day) □ Telephone (Evening)
INDPLS IN 46203 MARION □ NA

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 Signature of Person Accepting Appointment
Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-17).

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.

42. Typed or Printed Name of Chairperson
Signature of Chairperson
Date (MM-DD-YY)

43. Typed or Printed Name of Candidate
Signature of Candidate
Date (MM-DD-YY)

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

FILED
JAN 09 2015
Myra A. Edridge