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: Williams
   First Name: Joseph
   Middle Name: LaTroy
   Nickname: Joe

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

4. Mailing Address: 12443 Rose Haven Drive

5. FAX (Optional): (317) 748-7489

6. E-mail Address (Optional): biggs2005@gmail.com

7. City: Lawrence
   State: IN
   ZIP Code: 46235

8. County: Marion

9. Telephone (Day): (317) 748-7489
   Telephone (Evening): (317) 748-7489

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

   Lawrence City Councilor District 4

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

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

   Lawrence City Councilor District 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 Joe Williams

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

15. FAX (Optional): (317) 748-7489

16. E-mail Address (Optional): biggs2005@gmail.com

17. City: Lawrence
   State: IN
   ZIP Code: 46235

18. County: Marion

19. Telephone (Day): (317) 748-7489
   Telephone (Evening): (317) 748-7489

20. Committee Organization Date (MM-DD-YY): 01-26-15

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

   Joseph LaTroy Williams

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

23. FAX (Optional): (317) 748-7489

24. E-mail Address (Optional): biggs2005@gmail.com

25. City: Lawrence
   State: IN
   ZIP Code: 46235

26. County: Marion

27. Telephone (Day): (317) 748-7489
   Telephone (Evening): (317) 748-7489

28. Committee Organization Date (MM-DD-YY): 01-26-15

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.)

   Financial Center Federal Credit Union

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

   N/A

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: Thomas Shambaugh

   Signature of the Committee Chairperson: Joseph Williams

33. Treasurer’s Full Name ☑ Designate candidate as treasurer ☐ Check if this is a new treasurer

   Thomas Arthur Shambaugh

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

35. FAX (Optional): (317) 748-7489

36. E-mail Address (Optional): biggs2005@gmail.com

37. City: Indianapolis
   State: IN
   ZIP Code: 46229

38. County: Marion

39. Telephone (Day): (317) 333-124
   Telephone (Evening): (317) 333-124

40. Committee Organization Date (MM-DD-YY): 01-26-15

 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: 

 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. Typewritten or Printed Name of Chairperson: Williams
   Signature of Chairperson: Joseph Williams
   Date (MM-DD-YY): 01-26-15

43. Typewritten or Printed Name of Candidate: Williams
   Signature of Candidate: Joseph Williams
   Date (MM-DD-YY): 01-26-15

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 fails to file 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 26 2015
Myle A. Eldridge