



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R14 / 10-17)  
Indiana Election Division (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?  Yes  No 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 <b>MOORE</b>		First Name <b>TYLER</b>		Middle Name <b>OWEN</b>	Nickname	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) <b>517 TUMBLEWEED DRIVE</b>				5. FAX (Optional)		6. E-mail Address (Optional)	
7. City <b>KOKOMO</b>	State <b>IN</b>	ZIP Code <b>46901</b>	8. County <b>HOWARD</b>	9. Telephone (Day) <b>(765) 860-8745</b>		10. Telephone (Evening) <b>(765) 860-8745</b>	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				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.) <input checked="" type="checkbox"/> Check if this is a new name. <b>MOORE FOR KOKOMO EXPLORATORY COMMITTEE</b>							
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. <b>517 TUMBLEWEED DRIVE</b>				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City <b>KOKOMO</b>	State <b>IN</b>	ZIP Code <b>46901</b>	18. County <b>HOWARD</b>	19. Telephone <b>(765) 860-8745</b>		20. Committee Organization Date (mm/dd/yy) <b>11/24/18</b> (24)	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <b>TYLER OWEN MOORE</b>							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>517 TUMBLEWEED DRIVE</b>				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City <b>KOKOMO</b>	State <b>IN</b>	ZIP Code <b>46901</b>	26. County <b>HOWARD</b>	27. Telephone (Day) <b>(765) 860-8745</b>		28. Telephone (Evening) <b>(765) 860-8745</b>	
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.) <b>COMMUNITY FIRST BANK OF INDIANA</b>							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <b>TO RECEIVE AND EXPEND FUNDS TO EXPLORE THE OPPORTUNITIES FOR OFFICE</b>				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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**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 <b>TYLER MOORE</b>			Signature of the Committee Chairperson 				
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <b>TYLER OWEN MOORE</b>							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>517 TUMBLEWEED DR.</b>				35. FAX (Optional)		36. E-mail Address (Optional)	
37. City <b>KOKOMO</b>	State <b>IN</b>	ZIP Code <b>46901</b>	38. County <b>HOWARD</b>	39. Telephone (Day) <b>(765) 860-8745</b>		40. Telephone (Evening) <b>(765) 860-8745</b>	

**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 				
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**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 <b>TYLER OWEN MOORE</b>	Signature of Chairperson 	Date (mm/dd/yy) <b>11/20/18</b>
43. Typed or Printed Name of Candidate <b>TYLER OWEN MOORE</b>	Signature of Candidate 	Date (mm/dd/yy) <b>11/20/18</b>

**Warning:** State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 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**  
**NOV 20 2018**  
**NOV 21 2018**  
**KIM WILSON**  
Clerk Howard Cir. Court  
Clerk Howard Cir. Court