



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

**(CFA-1)**

State Form 4604 (R15 / 5-19)  
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.**

<b>FILE NUMBER</b>									
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>									
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>									
2. Last Name DAHL		First Name BLAKE		Middle Name NATHANIEL		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 1812 VALLEY VIEW DR S					5. FAX (Optional) (219) 359-2478		6. E-mail Address (Optional) Blake@VoteBlakeDahl.com		
7. City KOKOMO		State IN	ZIP Code 46902	8. County HOWARD		9. Telephone (Day) (765) 271-3484		10. Telephone (Evening) (765) 271-3484	
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.) JUDGE - HOWARD COUNTY SUPERIOR COURT NO. 1				
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>									
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. PATRIOT COMMITTEE TO ELECT BLAKE DAHL									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1809 Timber Ct					15. FAX (Optional) (219) 359-2478		16. E-mail Address (Optional) Blake@voteBlakeDahl.com		
17. City KOKOMO		State IN	ZIP Code 46902	18. County HOWARD		19. Telephone (765) 860-8321		20. Committee Organization Date (mm/dd/yy) 01/11/22	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. GARY TIEDEMAN									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1809 TIMBER CT					23. FAX (Optional) (219) 359-2478		24. E-mail Address (Optional) Gary@voteblakedahl.com		
25. City KOKOMO		State IN	ZIP Code 46902	26. County HOWARD		27. Telephone (Day) (765) 438-1356		28. Telephone (Evening) (765) 438-1356	
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.) COMMUNITY FIRST BANK OF INDIANA									
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. PAMELA TIEDEMAN					Person Appointed Treasurer Signature of the Committee Chairperson <i>Gary Tiedeman</i>				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. PAMELA TIEDEMAN									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1809 TIMBER CT					35. FAX (Optional) (219) 359-2478		36. E-mail Address (Optional) Pamela@voteblakedahl.com		
37. City KOKOMO		State IN	ZIP Code 46902	38. County HOWARD		39. Telephone (Day) (765) 860-8321		40. Telephone (Evening) (765) 860-8321	
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>									
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 <i>Pamela D. Tiedeman</i>				
<b>SECTION E. CERTIFICATION OF STATEMENT</b>									
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 GARY TIEDEMAN		Signature of Chairperson <i>Gary Tiedeman</i>				Date (mm/dd/yy) 01/11/22			
43. Typed or Printed Name of Candidate BLAKE N. DAHL		Signature of Candidate <i>B. N. Dahl</i>				Date (mm/dd/yy) 01/11/22			
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**

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JAN 14 2022

DEBBIE STEWART  
Clerk Howard County



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY  
A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R6 / 5-19)  
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

**(CFA-11)**

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-11  
REPORT**

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

**IS THIS AN AMENDMENT?**  Yes  No

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. <b>BLAKE NATHANIEL DAHL</b>			2. Committee Telephone Number <b>( 765 ) 271-3484</b>	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>1812 Valley View Dr S</b>				
4. City <b>Kokomo</b>	State <b>IN</b>	ZIP Code <b>46902</b>	5. Party Affiliation or if Independent Candidate <b>REPUBLICAN</b>	
6. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>Judge - Howard County Superior Court No. 1</b>			7. County of Residence <b>HOWARD</b>	
8. Reporting Period (mm/dd/yy): From: <b>04/15/22</b> Through: <b>04/26/22</b>				

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

Classification	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
IND	1. Blake Dahl 1812 Valley View Dr S Kokomo, IN 46902  Contributor's Occupation (if applicable) <u>Candidate - Attorney</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>VistaPrint Mailers</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$743.80	04/18/2022  Pam Tiedeman
IND	2. Blake Dahl 1812 Valley View Dr S Kokomo, IN 46902  Contributor's Occupation (if applicable) <u>Candidate - Attorney</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Meta Advertising</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$900.00	04/25/2022  Pam Tiedeman
3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)		

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>Pamela Tiedeman</i>	Title Treasurer	Date (mm/dd/yy) 4/27/22
Signature of Candidate (if applicable) <i>Blake Dahl</i>		Date (mm/dd/yy) 04-27-22

**Warning:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 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**



**DEBBIE STEWART**  
Clerk Howard Cir. Court