



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.

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 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) 398-2605		10. Telephone (Evening) (765) 398-2605	
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. 2					

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

13. Full Name of Committee (Do not abbreviate.) <input 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 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				

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 PAMELA TIEDEMAN			Signature of the Committee Chairperson <i>Gary Tiedeman</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input 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	

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 <i>Pamela Tiedeman</i>						
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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 GARY TIEDEMAN		Signature of Chairperson <i>Gary Tiedeman</i>		Date (mm/dd/yy) 09/05/2023	
43. Typed or Printed Name of Candidate BLAKE N. DAHL		Signature of Candidate <i>Blake Dahl</i>		Date (mm/dd/yy) 09/05/2023	

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

SEP 06 2023

DEBBIE STEWART
Clerk Howard Cir. Court