

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

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.

23. MAKES   PARKEK   23. FAX (Optional)   24. E-mail Address (Optional)   N/A   N/A   25. City   State   37.								FILE NUMBER	
2. Lask Name  PANES  A Mailing Alforess (white and street, or), state, and 25 capes  4. Mailing Alforess (white and street, or), state, and 25 capes  4. Mailing Alforess (white and street, or), state, and 25 capes  4. Taylor (Common to the Common the Espiciation) Committee  4. Mailing Alforess (white and street, or), state, and 25 capes  5. FAX (Optional)  5. FAX (Optional)  6. Fax A Taightness (Declaration)  7. City  7. City  8. Common the Common this (Declaration)  8. Common this (Declaration)  9. Common this (Declaration)  10. Common this (Declaration)  1									
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1. Mailing Address pomber and sheet, oi), state, and \$P open (A 7 9 1 Ems) 100 SC Ut h   N/A   Telephone (Day)   10 (Telephone (Evening))   10 (Telephone (E			Mic	Middle Name		Nickname		3. Type of Committee (Check one)	
4. Mailing Address (punched and anext, or), sales, and 2P copies    The party Affiliation   State   ZIP Code   S. County   A. Telephone (Day)   II, Telephone (Day)   II, Telephone (Day)   III, Telephone (Da	L PADACEK	JAMI	= 5			JIM			
The Park Affiliation   Republican   Other   12.0 ffice Sought include distinct number   4 my. Not required for an exploratory committee.)		state, and ZIP code)			ional)			' ' '	
The Park Affiliation   Republican   Other   12.0 ffice Sought include distinct number   4 my. Not required for an exploratory committee.)	6792 East 100			( ) /	V/A		مطر	apareka ach, com	
11. Party Affiliation   Republican   Cher   Total   County   Total   Party Affiliation   Party Affiliation	~ +	1	1 . *	A			-		
Democratic   Libertains   Sepublician   Other   County   A+ Large		1 7693	p   1700	12, Office Sough	t (Include dist	rict number	, if any. N	lot required for an exploratory committee.)	
13. Full Name of Committee (On not abbreviate)   Check if this is a new name.									
13. Full Name of Committee (Co not abbreviate)   Check if this is a new name.	SECTION B. COMMITTEE	INFORMATIO	N: Fill in all a	oplicable box	es as ful	ly and a	ccura	tely as possible.	
14. Mailing Address (number and street, city, state, and 2life code)    GP92   EAST   100   South   18. County   19. Telephone   76.5   6.2.8 - 38.4   20. Committee Organization Date   17. City   19. Telephone   76.5   6.2.8 - 38.4   20. Committee Organization Date   19. Telephone   76.5   6.2.8 - 38.4   20. Committee Organization Date   19. Telephone   76.5   6.2.8 - 38.4   20. Committee Organization Date   19. Telephone   19	13. Full Name of Committee (Do not ab	breviate.)	k if this is a new name	).					
17. city   18. county   19. Telephone   19.		r PAPACE	K		<del></del>			(0.1	
17. City  CREEN Town  State  17. Code  18. County  19. Telephone  (76.5 £ 18.4.8 ty 4.4.5 ty 4.5.4 ty 4.4.5 ty 4.5.4 ty 4.4.5 ty 4.5.4 ty 4.5			Check if this is a ne	ew address. 15. FA		1	l6. E-mai		
Section   Sec			1. 140.0		)/				
21. Chairperson's Full Name    A M E S		l I	<b>I</b>	· 1					
22. Mailing Address (number and street, city, state, and ZiP code)   Check if this is a new address.   23. FAX (Optional)   24. E-mail Address (Optional)   N/A   25. City   SAME   IN   Y6936   Toward   26. County   27. Telephone (Day)   28. Telephone (Evening)   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.)   HAYNES ON MUNITY F.C. U.   30. Exploratory Committee (Give binef statement explorating 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.)   Yes   No   SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)   32. I, as Chairperson of the foregoing Person Appointed Treasurer   Signature of the Committee,   33. Treasurer's Full Name   Designate candidate as treasurer.   Check if this is a new reasurer.   Check if this is a new reasurer.   Check if this is a new address.   35. FAX (Optional)   N/A   37. City   State   ZIP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   YA MES   NAMES   Signature of Person Accepting Appointment   Committee   NAMES   NAMES   NAMES   Signature of Candidate   Sign		TW 404	36 now		1 /65 6	5 18.79	167		
22. Mailing Address (number and street, city, state, and ZiP code)   Check if this is a new address.   23. FAX (Optional)   24. E-mail Address (Optional)   N/A   25. City   SAME   IN   Y6936   Toward   26. County   27. Telephone (Day)   28. Telephone (Evening)   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.)   HAYNES ON MUNITY F.C. U.   30. Exploratory Committee (Give binef statement explorating 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.)   Yes   No   SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)   32. I, as Chairperson of the foregoing Person Appointed Treasurer   Signature of the Committee,   33. Treasurer's Full Name   Designate candidate as treasurer.   Check if this is a new reasurer.   Check if this is a new reasurer.   Check if this is a new address.   35. FAX (Optional)   N/A   37. City   State   ZIP Code   38. County   39. Telephone (Day)   40. Telephone (Evening)   YA MES   NAMES   Signature of Person Accepting Appointment   Committee   NAMES   NAMES   NAMES   Signature of Candidate   Sign	21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.								
SAME  25. City  SAME  27. Telephone (Day)  28. Telephone (Evening)  29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit bases or maintains funds.)  HAYNES COMMUNITY F.C. U.  30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)  N/A  SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)  32. I, as Chairperson of the foregoing Person Appointed Treasurer  Committee, appoint the following person as Treasurer's Full Name of Person Appointed Treasurer  JAMES Papace  34. Mailing Address (number and street, city, state, and ZIP code)  To HAY ACE  SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)  SECTION D. 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.  31. Typed or Printed Name of Candidate  JAMES PAPACEK  JAMES PAPACEK  JAMES JAME	22. Mailing Address (number and street, city	y, state, and ZIP code)	☐ Check if this is a ne	ew address. 23. FA	X (Optional)	12	24. E-mai	Address (Optional)	
25. City SAME State IN The Code IN 1000 to 100	Ċ			1	, N/A	-	/\	7/ A	
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.)  HAYNES COMMUNITY F.C. U.  30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)  APPOINTMENT OF TREASURER (IC 3-9-1-14)  SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)  32. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee, appoint the following person as Treasurer of the Committee, appoint the following person as Treasurer Full Name Designate candidate as treasurer.  APACE  APACE  State ZIP Code Check if this is a new address.  35. FAX (Optional)  N/A  37. City  REENTOND. 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 3-9-1-7).  SECTION E. CERTIFICATION OF STATEMENT  We certify as the candidate and the duly appointed Chairperson Date (mm/dd/yr)  JAMES AMES AMES AMES AMES AMES AMES AMES	25. City	State ZIP Co	ode 26. Coun		1 .			28. Telephone (Evening)	
HAYNES COMMUNITY F.C. U.  30. Exploratory Committee (Give brief statement explorating 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.) Yes PNo  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.  33. Treasurer's Full Name of Designate candidate as treasurer. Ames Teasurer. Ames Teasurer.  34. Malling Address (number and street, city, state, and ZIP code) Check if this is a new treasurer.  37. City  37. City  38. County  39. Telephone (Day)  40. Telephone (Evening)  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 Statement. To the best of our knowledge and belief it is true, correct and complete.  38. Typed or Printed Name of Candidate  39. The super Committee and the duly appointment of 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 Candidate  39. The super Committee and the duly appointment of Candidate of Chairperson of Chairperson of Candidate of Candidat		1			11			( )	
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)  SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)  32. 1, as Chairperson of the foregoing Person Appointed Treasurer of the Committee, appoint the following person as Treasurer of the Committee.  33. Treasurer's Full Name of Pesignate candidate as treasurer. Check if this is a new treasurer.  34. Malling Address (number and street, city, state, and ZIP code) Check if this is a new address.  35. FAX (Optional)  36. E-mail Address (Optional)  37. City  38. Centrown  39. Telephone (Day)  39. Telephone (Day)  40. Telephone (Evening)  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).  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.  43. Typed or Printed Name of Candidate  Signature of Candidate  Signature of Candidate  Signature of Candidate  Date (mm/dd/yr)  JAN 0 2 2020  JAN 0 2 2020	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.)								
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SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)  32. 1, as Chairperson of the foregoing Person Appointed Treasurer Committee, appoint the following person as Treasurer of the Committee.  33. Treasurer's Full Name Pesignate candidate as treasurer. Check if this is a new treasurer.  34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.  35. FAX (Optional)  36. E-mail Address (Optional)  37. City  37. City  38. County  39. Telephone (Day)  40. Telephone (Evening)  40. Telephone (Evening)  51. 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).  51. 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  32. Signature of Chairperson  33. FAX (Optional)  34. Telephone (Evening)  44. Telephone (Evening)  45. FAX (Optional)  46. E-mail Address (Optional)  47. Typed  47. Telephone (Evening)  48. Telephone (Evening)  49. Telephone (Evening)  50. E-mail Address (Optional)  40. Telephone (Evening)  51. FAX (Optional)  52. FAX (Optional)  53. FAX (Optional)  54. Telephone (Evening)  55. FAX (Optional)  56. E-mail Address (Optional)  57. FAX (Optional)  56. E-mail Address (Optional)  57. FAX (Optional)  58. E-mail Address (Optional)  59. FAX (Optional)  50. E-mail Address (Optional)  51. FAX (Optional)  52. FAX (Optional)  53. FAX (Optional)  54. Fax (Optional)  55. FAX (Optional)  56. E-mail Add	point was most fee last wages? If You attach a copy of the contract   \ \Pi  Yes   Pho								
32. I, as Chairperson of the foregoing committee, appoint the following person as I AMES T HARLEK  33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.  34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.  35. FAX (Optional)  37. City  37. City  38. County  39. Telephone (Day)  39. Telephone (Day)  40. Telephone (Evening)  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).  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.  38. County  39. Telephone (Day)  40. Telephone (Evening)  5 AME  5 FOR OFFICE USE ONLY  FOR OFFICE USE ONLY  FOR OFFICE USE ONLY  42. Typed or Printed Name of Chairperson  JAMES DAIACEK  AMES DAIACEK	·	NT OF TREAS	LIDED /IC 2 A	1 14)					
committee, appoint the following person as Treasurer of the Committee.  33. Treasurer of the Committee.  34. Mailing Address (number and street, city, state, and ZIP code)   Check if this is a new treasurer.  35. FAX (Optional)   Check if this is a new address.   Check if this is a new address   Check if this is a new treasurer.  36. E-mail Address (Optional)   Check if this is a new address   Check if this is a new treasurer.  37. City   Check if this is a new treasurer.  38. FAX (Optional)   Check if this is a new treasurer.  39. FAX (Optional)   Check if this is a new treasurer.  30. FAX (Optional)   Check if this is a new treasurer.  30. FAX (Optional)   Check if this is a new treasurer.  31. Treasurer   Check if this is a new treasurer.  32. FAX (Optional)   Check if this is a new treasurer.  33. Treasurer   Check if this is a new treasurer.  34. FAX (Optional)   Check if this is a new treasurer.  35. FAX (Optional)   Check if this is a new treasurer.  36. E-mail Address (Optional)   Check if this is a new treasurer.  39. FAX (Optional)   Check if this is a new treasurer.  30. FAX (Optional)   Check if this is a new treasurer.  30. FAX (Optional)   Check if this is a new treasurer.  31. FAX (Optional)   Check if this is a new treasurer.  32. FAX (Optional)   Check if this is a new address   Che	32 I as Chairnerson of the	ne foregoing Per	son Appointed Treas	surer		Signature o	f the Co	nmittee Chairperson	
33. Treasurer's Full Name	committee, appoint the following	ng person as	JAMES T			1)	- 1	Dapaceh	
34. Malling Address (number and street, city, state, and ZIP code)  Shame  35. FAX (Optional)  N/A  N/A  37. City  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).  SECTION D. 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  JAMES  AMES  AMES  AMES  JANO 2 2020  JANO 2 2020	33. Treasurer's Full Name Designate candidate as treasurer.   Check if this is a new treasurer.								
37. City  37. City  State  State  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).  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 Candidate  Signature of Candidate  JAMES  Date (mm/dd/yy)  JAMES  JAN 0 2 2020	l '''r		Check if this is a n	ew address   35 E	AX (Ontional)		36. E-mai	I Address (Optional)	
37. City  GREENTOWN  State  IN  Hog3b  How av  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).  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 Candidate  Api4ce  Mapibola  Signature of Candidate  JAMES  Date (mm/dd/yy)  JAN 0 2 2020  JAN 0 2 2020	· ·	j, siaic, and LIF COUC)	CHECK II UIIS IS A II	, address.   55, F7					
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 3-9-1-7).  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  JAMES PAPACEK  Signature of Candidate  JAMES PAPACEK  Signature of Candidate  JAMES PAPACEK	37. City	State ZIP Co	ode 38. Coun	ity .	39. Telepho	ne (Day)	· · ·	40. Telephone (Evening)	
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permitted for a candidate committee under IC 3-9-1-7).  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  JAMES  ANGES  ANGES  ANGES  ANGES  JAN 0 2 2020  JAN 0 2 2020	41. I give notice that I accept	the duties and	esponsibilities of	Treasurer of		ure of Per	son Ac	cepting 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. Typed or Printed Name of Chairperson  JAMES  Apiace  Signature of Candidate  JAMES  Date (mm/dd/yy)  JAN 0 2 2020  JAN 0 2 2020				nmittee (except	as	6mes	1 O	ground	
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42. Typed or Printed Name of Chairperson  JAMES PAPIACEK  Signature of Chairperson  James Papiace  Signature of Chairperson  James Papiace  James Papiace  JAN 0 2 2020	We certify as the candidate and the duly appointed Chairperson of the Committee and that we have								
43. Typed or Printed Name of Candidate  JAMES T Papitcek  Signature of Candidate  JAN 0 2 2020  JAN 0 2 2020	examined this statement. To the best of our knowledge and belief it is true, correct and complete.								
43. Typed or Printed Name of Candidate  Signature of Candidate  JAN 0 2 2020  JAN 0 2 2020			own T				00	riled	
JAMES T PAPITCEK James T Junach 1-9-20 JAN 0 2 2020	43 Typed or Printed Name of Candidate Signature of Candidate \( \rightarrow \) Date \( \limit{mm/dd/yy} \)								
100 1 100 1	1	1 -1		Yupack			1	JAN 0 2 2020	
I Mathing, orace law reduces that any energies in this friends as to be reduced at any oracle for the party by	Warning: State law requires that any	change in this inform	ation be reported wit	hih ten (10) days	of the change	(IC 3-9-1-	10). A	DERRIE STEWART	
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 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).	person who knowingly files a fraudulent	t report commits a Le	vel 6 D felony (IC 3-	14-1-13). A person	who fails to f	île a compl	ete or	PEDDIE SIEWAKI	