



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 BAXTER II		First Name LEONARD		Middle Name F	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) 11601 CRESTVIEW BLVD					5. FAX (Optional)		6. E-mail Address (Optional)
7. City Kokomo	State IN	ZIP Code 46901	8. County HOWARD	9. Telephone (Day) 765 437-4499	10. Telephone (Evening) 765 437-4499		
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input 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 committee. Committee to Elect Leonard Baxter							
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 11601 CRESTVIEW BLVD					15. FAX (Optional)		16. E-mail Address (Optional)
17. City Kokomo	State IN	ZIP Code 46901	18. County HOWARD	19. Telephone 765 437-4499	20. Committee Organization Date (mm/dd/yy) 02/02/2018		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. LEONARD F. BAXTER II							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 11601 CRESTVIEW BLVD					23. FAX (Optional)		24. E-mail Address (Optional)
25. City Kokomo	State IN	ZIP Code 46901	26. County HOWARD	27. Telephone (Day) 765 437-4499	28. Telephone (Evening) SAME		
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.)							
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 Denise Clark		Signature of the Committee Chairperson <i>Leonard F. Baxter II</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Denise Clark							
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 604 W. Taylor St					35. FAX (Optional) 765 459 0687		36. E-mail Address (Optional) denise.clark@clarkaccounting.com
37. City Kokomo	State IN	ZIP Code 46901	38. County Howard	39. Telephone (Day) 765 459 3325	40. Telephone (Evening) 765 398-6000		

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>Denise Clark</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 LEONARD F. BAXTER II	Signature of Chairperson <i>Leonard F. Baxter II</i>	Date (mm/dd/yy) 02/19/18
43. Typed or Printed Name of Candidate LEONARD F. BAXTER II	Signature of Candidate <i>Leonard F. Baxter II</i>	Date (mm/dd/yy) 02/19/18

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

FEB 19 2018

KIM WILSON
Clerk Howard Cir. Court