



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 LAKE		First Name MARTHA		Middle Name J	Nickname (NONE)	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 1040 S WEBSTER ST				5. FAX (Optional)		6. E-mail Address (Optional) LAKE MARTHA @ AOL.NET	
7. City Kokomo	State IN	ZIP Code 46902	8. County HOWARD	9. Telephone (Day) 765-461-8433	10. Telephone (Evening) 765-461-8433		
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.) COUNTY COUNCIL AT LARGE			

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. FRIENDS OF MARTHA LAKE							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1040 S. WEBSTER ST.				15. FAX (Optional)		16. E-mail Address (Optional) LAKE MARTHA @ AOL.NET	
17. City Kokomo	State IN	ZIP Code 46902	18. County HOWARD	19. Telephone 765-461-8433	20. Committee Organization Date (mm/dd/yy) 1/16/20		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. LAWRENCE MURRELL							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3118 ENCLAVE CT				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City Kokomo	State IN	ZIP Code 46902	26. County HOWARD	27. Telephone (Day) 765-432-4592	28. Telephone (Evening) 765-432-4592		
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.) CITY OF FIRSTS CREDIT UNION							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A				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 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 JOELLA MAUGANS		Signature of the Committee Chairperson <i>[Signature]</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. JOELLA MAUGANS							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3274 WOODHAY DR				35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Kokomo	State IN	ZIP Code 46902	38. County HOWARD	39. Telephone (Day) 765-453-4861	40. Telephone (Evening) 765-453-4861		

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>[Signature]</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 Lawrence R. Murrell		Signature of Chairperson <i>[Signature]</i>		Date (mm/dd/yy) 1/16/20	
43. Typed or Printed Name of Candidate MARTHA J LAKE		Signature of Candidate <i>[Signature]</i>		Date (mm/dd/yy) 1/16/20	

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

JAN 28 2020

DEBBIE STEWART
Clerk Howard Cir. Court