



**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.**

<b>1. IS THIS AN AMENDMENT?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>	<b>FILE NUMBER</b> <span style="font-size: 1.5em;">46-18-79</span>
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**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

<b>2. Last Name</b> PARTHUN	<b>First Name</b> COURTNEY	<b>Middle Name</b> PAIGE	<b>Nickname</b>	<b>3. Type of Committee (Check one)</b> <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
<b>4. Mailing Address (number and street, city, state, and ZIP code)</b> 1533 MICHIGAN AVENUE			<b>5. FAX (Optional)</b> ( )	<b>6. E-mail Address (Optional)</b> CCERAJEW@GMAIL.COM
<b>7. City</b> LA PORTE	<b>State</b> IN	<b>ZIP Code</b> 46350	<b>8. County</b> LA PORTE	<b>9. Telephone (Day)</b> (219) 380-1907
<b>11. Party Affiliation</b> <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			<b>12. Office Sought (Include district number, if any. Not required for an exploratory committee.)</b> CITY CLERK-TREASURER	

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

<b>13. Full Name of Committee (Do not abbreviate.)</b> <input type="checkbox"/> Check if this is a new name. COMMITTEE TO ELECT COURTNEY PARTHUN FOR CLERK-TREASURER				
<b>14. Mailing Address (number and street, city, state, and ZIP code)</b> <input type="checkbox"/> Check if this is a new address. 1533 MICHIGAN AVENUE			<b>15. FAX (Optional)</b> ( )	<b>16. E-mail Address (Optional)</b> CCERAJEW@GMAIL.COM
<b>17. City</b> LA PORTE	<b>State</b> IN	<b>ZIP Code</b> 46350	<b>18. County</b> LA PORTE	<b>19. Telephone</b> (219) 380-1907
<b>21. Chairperson's Full Name</b> <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. JACKIE DERMODY			<b>20. Committee Organization Date (mm/dd/yy)</b> 12-12-18	
<b>22. Mailing Address (number and street, city, state, and ZIP code)</b> <input type="checkbox"/> Check if this is a new address. 1658 S. WILLOW BEND DRIVE			<b>23. FAX (Optional)</b> ( )	<b>24. E-mail Address (Optional)</b> JDERMODY@CSINET.NET
<b>25. City</b> LA PORTE	<b>State</b> IN	<b>ZIP Code</b> 46350	<b>26. County</b> LA PORTE	<b>27. Telephone (Day)</b> (219) 363-3509
<b>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.)</b> 1ST SOURCE BANK				
<b>30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)</b>			<b>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.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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.</b>	<b>Person Appointed Treasurer</b> ASHLEY KNOLL	<b>Signature of the Committee Chairperson</b> 
<b>33. Treasurer's Full Name</b> <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. ASHLEY KNOLL		
<b>34. Mailing Address (number and street, city, state, and ZIP code)</b> <input type="checkbox"/> Check if this is a new address. 3244 W. WOODMERE RIDGE		<b>35. FAX (Optional)</b> ( )
<b>36. E-mail Address (Optional)</b> ash_s01@hotmail.com		<b>37. City</b> LA PORTE
<b>State</b> IN	<b>ZIP Code</b> 46350	<b>38. County</b> LA PORTE
<b>39. Telephone (Day)</b> (219) 363-2834		<b>40. Telephone (Evening)</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).</b>	<b>Signature of Person Accepting Appointment</b>
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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.		
<b>42. Typed or Printed Name of Chairperson</b> JACKIE DERMODY	<b>Signature of Chairperson</b> 	<b>Date (mm/dd/yy)</b> 12/12/18
<b>43. Typed or Printed Name of Candidate</b> COURTNEY PARTHUN	<b>Signature of Candidate</b> 	<b>Date (mm/dd/yy)</b> 12/12/18

**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**

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IN CLERKS OFFICE

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CLERK OF LA PORTE CIRCUIT COURT