



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
 State Form 4604 (R14 / 10-17)
 Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →	FILE NUMBER 46-18-74
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SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name DERMODY		First Name TOM		Middle Name PAUL		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) 0615 W. MAPLE LANE					5. FAX (Optional)		6. E-mail Address (Optional) tdermody@csinet.net		
7. City La Porte		State IN	ZIP Code 46350		8. County LaPorte		9. Telephone (Day) (219) 363-7293		10. Telephone (Evening) (219) 363-7293
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.) LAPORTE MAYOR				

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. COMMITTEE TO ELECT TOM DERMODY AS LAPORTE MAYOR									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 0615 W. MAPLE LANE LAPORTE IN 46350					15. FAX (Optional)		16. E-mail Address (Optional)		
17. City La Porte		State IN	ZIP Code 46350		18. County LaPorte		19. Telephone (219) 363-7293		20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. MARK EDWARD KOSIOR									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1338 LAKESIDE ST.					23. FAX (Optional)		24. E-mail Address (Optional) makosior@csinet.net		
25. City La Porte		State IN	ZIP Code 46350		26. County LaPorte		27. Telephone (Day) (219) 325-0971		28. Telephone (Evening) (219) 325-0971
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.) FIRST SOURCE									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) COLLECT CAMPAIGN DOLLARS FOR MAYOR/ ELECTION					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			Signature of the Committee Chairperson MARK EDWARD KOSIOR						
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Michele M. Magnuson									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 121 Country Club Dr LaPorte IN 46350				35. FAX (Optional)		36. E-mail Address (Optional) michelemagnuson7@gmail.com			
37. City LaPorte		State IN	ZIP Code 46350		38. County USA		39. Telephone (Day) (219) 608-6420		40. Telephone (Evening) (219) 326-5234

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 Michele M. Magnuson
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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 MARK E. KOSIOR		Signature of Chairperson MARK E. KOSIOR		Date (mm/dd/yy) 2/11/18	
43. Typed or Printed Name of Candidate TOM DERMODY		Signature of Candidate TOM P. DERMODY		Date (mm/dd/yy) 3/26/18	

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).

FILED

IN CLERKS OFFICE

MAR 27 2018

K. P. ...
CLERK OF LA PORTE CIRCUIT COURT