



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)

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 nu	mber in this box	. → .	.46-18-64
SECTION A. CANDIDATE	INFO	RMATION: Fill	in all applic	able boxe	s as fully and	accura	tely as possible.
2. Last Name		st Name	Middle Na		Nickname		3. Type of Committee (Check one)
101	ļ	Dull		•	1 Juna la	10:00	Candidate's Principal Committee
Bucher		DICK			Unick	VUI	Exploratory Committee
4. Mailing Address (number and street, city.	state, and a	(IP code)		5. FAX (Option	onal) :	6. E#Maij	Address (Optional)
801 East Main	<u>5† .</u>			(')		<u> </u>	
7. City	State	ZIP Code	8. County	1	9. Telephone (Day)		10. Telephone (Evening)
Latrosse	IN	46348	Laron	te	2H 508-	130	129759-2139
11. Party Afiliation			12. 0	ffice Sought	(Include district numb	er, if any. I	not required for an exploratory committee
☐ Democratic ☐ Libertarian 🕡 Repu					TWO Tr		
				able box	s as fully and	accura	tely as possible.
13. Full Name of Committee (Do not ab	breviate.)	☐ Check If this is	a new name.				he *
Elect DICK K	UCK	es					
14. Mailing Address (number and street, cli	y, state, and	'ZIP code) ☐ Check	if this is a new add	ress. 15. FA	((Optional)	16. E-ma	Il Address (Optional)
SAME as abo	ve			(1		
17. City	State	ZIP Code	18. County		19. Telephone		20. Committee Organization Date (mm/dd/yy)
				ŀ	()		(naivowyy)
21. Chairperson's Full Name Des	signate Ca	indidate as Chairpers	on. Check if t	his Is a new c	hairperson.		
DICK Edward	Ruz	Lor					and the second
22. Mailing Address (number and street, city	v. state. and	ZIP code) Check	if this is a new add	ess. 23. FA	(Optional)	24. E-ma	Il Address (Optional)
		• —					
25. City	State	ZIP Code	26. County		27. Telephone <i>(Day)</i>		28. Telephone (Evening)
20. 01.9							
29. Bank or Other Depositories (List all	banks or	other depositories in a	which the committee	e denosits fur	(<u>)</u> de holds accounts re	nis safety	denosit boxes or maintains funds.)
25. Bank of Other Depositories (List an	Daling G	Ollier depositorios irri	THIS IT THE CONTRIBUTE	o doposito rai.	20, 112/02 00002/110, 10		,
Do Santa Company (Charles)	lamant and	olalan auranea of an avalor	raion, committoe achi l	21 Salaria	and Palmhursomen	te (Will the	committee pay the candidate a salary o
30. Exploratory Committee (Give brief sta	шиның ехрі	מוניווים וט טבטעווען עוווווס		Jon. Oblance			. commission pay into commission a consery of
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	NE OF			reimbursem	ent for lost wages? If	Yes, attaci	n a copy of the contract.) 🗌 Yes 🔲 N
		TREASURER	(IC 3-9-1-14)	reimbursen	ent for lost wages? If ' -	Yes, atteci	
32. I, as Chairperson of th	e fore	TREASURER	(IC 3-9-1-14)	reimbursem	ent for lost wages? If ' -	Yes, atteci	mmittee Chairpers of
	e fore	TREASURER	(IC 3-9-1-14)	reimbursem	ent for lost wages? If ' -	Yes, atteci	
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