



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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. → | | | | | | | | | | 46-19-53 |
| SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | | | | | | |
| 2. Last Name Fox | | First Name Alivia | | Middle Name Grace Lynn | | 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) Po Box 127 / 406 Exeter Rd | | | | | 5. FAX (Optional) | | 6. E-mail Address (Optional) aliviagrace9404@gmail.com | | | |
| 7. City Kingsford Heights | | State IN | ZIP Code 46346 | 8. County Laporte | | 9. Telephone (Day) 219, 393-0513 | | 10. Telephone (Evening) 219, 393-0513 | | |
| 11. Party Affiliation <input checked="" 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.) Clerk - Treasurer | | | | | |
| 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. Alivia Fox for Clerk - Treasurer | | | | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | | | 15. FAX (Optional) | | 16. E-mail Address (Optional) aliviagrace9404@gmail.com | | | |
| 17. City Kingsford Heights | | State IN | ZIP Code 46346 | 18. County Laporte | | 19. Telephone 219, 393-0513 | | 20. Committee Organization Date (mm/dd/yy) 2/1/19 | | |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Laura Wehrly | | | | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | | | 23. FAX (Optional) | | 24. E-mail Address (Optional) laura.wehrly@vicki.com | | | |
| 25. City Laporte | | State In | ZIP Code 46350 | 26. County Laporte | | 27. Telephone (Day) 219, 405-7878 | | 28. Telephone (Evening) 219, 405-7878 | | |
| 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.) Horizon Bank | | | | | | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) To receive and use funds for campaign for elected office | | | | | 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 Alivia FOX | | | Signature of the Committee Chairperson Laura Wehrly | | |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Alivia Grace Lynn Fox | | | | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | | | 35. FAX (Optional) | | 36. E-mail Address (Optional) aliviagrace9404@gmail.com | | | |
| 37. City Kingsford Heights | | State IN | ZIP Code 46346 | 38. County Laporte | | 39. Telephone (Day) 219, 393-0513 | | 40. Telephone (Evening) 219, 393-0513 | | |
| 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 Alivia Grace Lynn Fox | | | | | |
| 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 Laura Wehrly | | Signature of Chairperson Laura Wehrly | | | Date (mm/dd/yy) 2/1/19 | | | | | |
| 43. Typed or Printed Name of Candidate Alivia Fox | | Signature of Candidate Alivia Fox | | | Date (mm/dd/yy) 2/1/19 | | | | | |
| 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 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> FEB 7 2019 </div> <i>Kristin Stalick</i> CLERK OF LA PORTE CIRCUIT COURT |