



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? Yes No If Yes, please enter the file number in this box. → **46-19-285**

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name SELLERS		First Name Geoffrey		Middle Name 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) 402 HIAWATHA AV. APT. 301						5. FAX (Optional)	
6. E-mail Address (Optional)							
7. City LAPORTE	State IN	ZIP Code 46350	8. County LAPORTE	9. Telephone (Day) 219-380-9582	10. Telephone (Evening)		
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 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 type="checkbox"/> Check if this is a new name. Committee to Elect Geoffrey Sellers Clerk Treasurer							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 402 HIAWATHA AV. APT. 301						15. FAX (Optional)	
16. E-mail Address (Optional)							
17. City LAPORTE	State IN	ZIP Code 46350	18. County LAPORTE	19. Telephone 219-380-9582	20. Committee Organization Date (mm/dd/yy)		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Geoffrey L. Sellers							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 402 HIAWATHA AV. APT. 301						23. FAX (Optional)	
24. E-mail Address (Optional)							
25. City LAPORTE	State IN	ZIP Code 46350	26. County LAPORTE	27. Telephone (Day) 219-380-9582	28. Telephone (Evening)		
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.)							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				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. Geoffrey L. Sellers		Person Appointed Treasurer Geoffrey L. Sellers		Signature of the Committee Chairperson <i>Geoffrey L. Sellers</i>			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Geoffrey L. Sellers							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 402 HIAWATHA AV. APT. 301						35. FAX (Optional)	
36. E-mail Address (Optional)							
37. City LAPORTE	State IN	ZIP Code 46350	38. County LAPORTE	39. Telephone (Day) 219-380-9582	40. Telephone (Evening)		

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>Geoffrey L. Sellers</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 Geoffrey L. Sellers	Signature of Chairperson <i>Geoffrey L. Sellers</i>	Date (mm/dd/yy) 01-16-19
43. Typed or Printed Name of Candidate Geoffrey L. Sellers	Signature of Candidate <i>Geoffrey L. Sellers</i>	Date (mm/dd/yy) 01-16-19

FOR OFFICE USE ONLY

**FILED
IN CLERKS OFFICE**

JAN 17 2019

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).

Geoffrey L. Sellers
CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

OF

(CFA-4)
Summary Sheet

FILE NUMBER	46-19-28
TOTAL PAGES IN ENTIRE CFA-4 REPORT	1

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. Committee to Elect Geoffrey Sellers Clerk-Treasurer	3. Committee Telephone Number (219) 380-9583
2. Acronym or Abbreviated Name (if any)	4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 402 HIAWATHA AV. APT. 301
5. City, State, ZIP Code LAPORTE IN 46350	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) Geoffrey L. Sellers	8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) CLERK-TREASURER	10. County of Residence LAPORTE

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: 1-1-19 Through: 4-12-19		
13. Cash on hand and investments at the beginning of this reporting period.	0	0
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	0	0
15b. Unitemized	75.00	75.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	75.00	75.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	75.00	75.00

EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	0
17b. Unitemized	75.00	75.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	75.00	75.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0	0
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

CERTIFICATION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		
Signature of Treasurer <i>[Signature]</i>	Title TREASURER	Date (mm/dd/yy) 4-22-19
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) 4-22-19

FOR OFFICE USE ONLY
IN CLERKS OFFICE
APR 22 2019
<i>[Signature]</i> CLERK OF LA PORTE CIRCUIT COURT

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 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, IC 3-9-4-18)



**REPORT OF RECEIPTS AND EXPENDITURES
A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

OF

(CFA-4)

Summary Sheet

FILE NUMBER	46-19-285
TOTAL PAGES IN ENTIRE CFA-4 REPORT	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. Committee to Elect Geoffrey Sellens Clerk-Treasurer	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 380-9583
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 402 HIAWATHA AV. APT. 301	
5. City, State, ZIP Code LAPORTE, IN. 46350	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) Geoffrey L. Sellens	8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) CLERK-TREASURER	10. County of Residence LAPORTE

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
1. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input checked="" type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: 4-12-19 Through: 6-28-19		
13. Cash on hand and investments at the beginning of this reporting period.	0	0
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	0	735.00
15b. Unitemized	0	735.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0	735.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0	735.00

EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	735.00
17b. Unitemized	0	735.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0	735.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0	0
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			IN CLERKS OFFICE JUN 28 2019
Signature of Treasurer <i>Theresa J. Sell</i>	Title Treasurer	Date (mm/dd/yy) 6-28-19	
Signature of Candidate (if applicable) <i>Theresa J. Sell</i>		Date (mm/dd/yy) 6-28-19	CLERK OF LA PORTE CIRCUIT COURT
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