



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.

1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i> 46-19-07									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name EBERT		First Name Denise		Middle Name Lynn		Nickname N/A		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) 310 Roselke St.					5. FAX (Optional) N/A		6. E-mail Address (Optional) nee5e3762@yahoo.com		
7. City Wanatah		State IN	ZIP Code 46390	8. County LA PORTE		9. Telephone (Day)		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.) 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. DENISE LYNN EBERT									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 310 ROSELKE STREET					15. FAX (Optional) 219 733-0440		16. E-mail Address (Optional) nee5e3762@yahoo.com		
17. City Wanatah		State IN	ZIP Code 46390	18. County LA PORTE		19. Telephone 219 246-8347		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. DENISE LYNN EBERT									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 310 ROSELKE ST.					23. FAX (Optional) 219 733-0440		24. E-mail Address (Optional) nee5e3762@yahoo.com		
25. City Wanatah		State IN	ZIP Code 46390	26. County LA PORTE		27. Telephone (Day) 219 246-8347		28. Telephone (Evening) 219 246-8347	
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.) FIFTH THIRD									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A					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. DENISE EBERT					Person Appointed: Treasurer Denise Ebert		Signature of the Committee Chairperson Denise Ebert		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Denise Ebert									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 310 Roselke St.					35. FAX (Optional) 219 733-0440		36. E-mail Address (Optional) nee5e3762@yahoo.com		
37. City Wanatah		State IN	ZIP Code 46390	38. County LA PORTE		39. Telephone (Day) 219 246-8347		40. Telephone (Evening) 219 246-8347	
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 stated for a candidate committee under IC 3-9-1-7).					Signature of Person Accepting Appointment N/A				
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 Denise Ebert		Signature of Chairperson Denise Ebert			Date (mm/dd/yy) 01/10/2019				
43. Typed or Printed Name of Candidate Denise Ebert		Signature of Candidate Denise Ebert			Date (mm/dd/yy) 01/10/2019				
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 3-9-1-16, IC 3-9-1-17, and IC 3-9-1-18).									

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46-19-07

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IN CLERKS OFFICE
JAN 11 2019

CLERK OF LA PORTE CIRCUIT COURT