



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
46-19-64

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. →

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

2. Last Name Conner	First Name Mike	Middle Name	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) 201 Scott Street		5. FAX (Optional)		6. E-mail Address (Optional)
7. City LaPorte	State IN	ZIP Code 46350	8. County LaPorte	9. Telephone (Day) 219 851-5046
			10. Telephone (Evening) 219 851-5046	
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.) City Council At Large		

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. Elect Mike Conner City Council At Large				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 201 Scott Street		15. FAX (Optional)		16. E-mail Address (Optional)
17. City LaPorte	State IN	ZIP Code 46350	18. County LaPorte	19. Telephone 219 851-5046
			20. Committee Organization Date (mm/dd/yy) 2/14/19	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jodi DiAls				
22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 124 Longwood Drive		23. FAX (Optional)		24. E-mail Address (Optional) jodidiAls32@gmail.com
25. City LaPorte	State IN	ZIP Code 46350	26. County LaPorte	27. Telephone (Day) 219 344-2776
			28. Telephone (Evening) SAME	
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. Jodi DiAls	Person Appointed Treasurer	Signature of the Committee Chairperson
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Jodi DiAls		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 124 Longwood Drive		36. E-mail Address (Optional) jodidiAls32@gmail.com
37. City LaPorte	State IN	ZIP Code 46350
		38. County LaPorte
		39. Telephone (Day) 219 344-2776
		40. Telephone (Evening) SAME

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
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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.			<p>FOR OFFICE USE ONLY IN CLERKS OFFICE</p> <p>FEB 15 2019</p> <p><i>Kristina H. ...</i> CLERK OF LA PORTE CIRCUIT COURT</p>
42. Typed or Printed Name of Chairperson Jodi DiAls	Signature of Chairperson <i>Jodi DiAls</i>	Date (mm/dd/yy) 02-14-19	
43. Typed or Printed Name of Candidate Mike Conner	Signature of Candidate <i>Mike Conner</i>	Date (mm/dd/yy) 02-14-19	
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 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).			