



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)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER
 46-19-41

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 MACK	First Name Michael	Middle Name William	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 Roberta Ave			5. FAX (Optional)	6. E-mail Address (Optional) MMACK32@gmail.com
7. City Michigan City	State IN	ZIP Code 46360	8. County Laporte	9. Telephone (Day) 219 861-9563
				10. Telephone (Evening) (SAME)
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.) MC Common Council Ward 3		

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. MACK For 3rd Ward				
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) MMACK32@gmail.com
17. City Michigan City	State IN	ZIP Code 46360	18. County Laporte	19. Telephone 219-861-9563
				20. Committee Organization Date (mm/dd/yy) 2/1/19
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Michael Mack				
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)
25. City Michigan City	State IN	ZIP Code 46360	26. County Laporte	27. Telephone (Day) 219-861-9563
				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.) Horizon Bank				
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 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 SELF	Signature of the Committee Chairperson <i>Michael Mack</i>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Michael Mack		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.		35. FAX (Optional)
201 Roberta Ave		36. E-mail Address (Optional) MMACK32@gmail.com
37. City Michigan City	State IN	38. County Laporte
		39. Telephone (Day) 219-861-9563
		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>Michael Mack</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 Michael Mack	Signature of Chairperson <i>Michael Mack</i>	Date (mm/dd/yy) 2/1/19
43. Typed or Printed Name of Candidate Michael Mack	Signature of Candidate <i>Michael Mack</i>	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).

FOR OFFICE USE ONLY

FILED
 IN CLERKS OFFICE

FEB 4 2019

Kempel
 LA PORTE SUPERIOR COURT