



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R12/9-09)  
Indiana Election Commission (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?  No  Yes If Yes, please enter the file number in this box →

46-19-57

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

2. Last Name Wilhelm		First Name Matthew		Middle Name John	Nickname Matt	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 1102 Scott St				5. FAX (Optional)		6. E-mail Address (Optional)	
7. City LaPorte	State IN	ZIP Code 46350	8. County LaPorte	9. Telephone (Day) 219 616-3243		10. Telephone (Evening)	
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.) Mayor			

**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 Matt for Mayor							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 1102 Scott St				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City LaPorte	State IN	ZIP Code 46350	18. County LaPorte	19. Telephone 219 616-3243		20. Committee Organization Date (MM-DD-YY) 2/8/19	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Matthew John Wilhelm							
22. Mailing Address <input type="checkbox"/> Check if this is a new address 1102 Scott St				23. FAX (Optional)		24. E-mail Address (Optional)	
City LaPorte	State IN	ZIP Code 46350	26. County LaPorte	27. Telephone (Day) 219 616-3243		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.) Flag Star							
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"/> No <input type="checkbox"/> Yes			

**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 Matthew Wilhelm		Signature of the Committee Chairperson Matthew Wilhelm		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Matthew John Wilhelm							
34. Mailing Address <input type="checkbox"/> Check if this is a new address 1102 Scott St				35. FAX (Optional)		36. E-mail Address (Optional)	
37. City LaPorte	State IN	ZIP Code 46350	38. County LaPorte	39. Telephone (Day) 219 616-3243		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 Matthew J. Wilhelm	
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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 Matthew Wilhelm	Signature of Chairperson Matthew Wilhelm	Date (MM-DD-YY) 2-8-19
43. Typed or Printed Name of Candidate Matthew Wilhelm	Signature of Candidate Matthew Wilhelm	Date (MM-DD-YY) 2-8-19

**FOR OFFICE USE ONLY**

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IN CLERKS OFFICE**

**FEB 8 2019**

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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).

*Karyn Schubert*  
CLERK OF LA PORTE CIRCUIT COURT