



**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. →

46-19-28

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

2. Last Name <b>O'Donnell II</b>		First Name <b>Robert</b>		Middle Name <b>m</b>	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) <b>101 2nd st</b>					5. FAX (Optional)		6. E-mail Address (Optional)		
7. City <b>La Porte</b>		State <b>IN</b>	ZIP Code <b>46350</b>	8. County <b>La Porte</b>		9. Telephone (Day) <b>(219) 369-2572</b>		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.) <b>Council - At - Large</b>					

**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.								
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>101 2nd st</b>					15. FAX (Optional)		16. E-mail Address (Optional) <b>RobertMODonnell@gmail.com</b>	
17. City <b>La Porte</b>		State <b>IN</b>	ZIP Code <b>46350</b>	18. County <b>La Porte</b>		19. Telephone <b>(219) 369-2570</b>		20. Committee Organization Date (mm/dd/yy) <b>06/14/19</b>
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <b>Robert M O'Donnell II</b>								
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>101 2nd st.</b>					23. FAX (Optional)		24. E-mail Address (Optional)	
25. City <b>La Porte</b>		State <b>IN</b>	ZIP Code <b>46350</b>	26. County <b>La Porte</b>		27. Telephone (Day) <b>(219) 369-2572</b>		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.			Person Appointed Treasurer <b>Randi O'Donnell</b>		Signature of the Committee Chairperson <i>Robert O'Donnell II</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <b>Randi N O'Donnell</b>								
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>101 2nd st.</b>					35. FAX (Optional)		36. E-mail Address (Optional)	
37. City <b>La Porte</b>		State <b>IN</b>	ZIP Code <b>46350</b>	38. County <b>La Porte</b>		39. Telephone (Day) <b>(219) 344-0157</b>		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>Randi O'Donnell</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 <b>Robert O'Donnell II</b>		Signature of Chairperson <i>Robert O'Donnell II</i>		Date (mm/dd/yy) <b>6/19/19</b>	
43. Typed or Printed Name of Candidate <b>Robert O'Donnell II</b>		Signature of Candidate <i>Robert O'Donnell II</i>		Date (mm/dd/yy) <b>6/19/19</b>	

**FOR OFFICE USE ONLY**

**FILED  
IN CLERKS OFFICE**

**JUN 19 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).

*Kay... 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**

<b>FILE NUMBER</b>
46-19-78
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>

**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. <i>The Committee to Elect Robert O'Donnell</i>	3. Committee Telephone Number <i>(219) 369-2572</i>
2. Acronym or Abbreviated Name (if any)	6. Party Affiliation (if applicable) <i>Democrat</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>101 2nd st.</i>	5. City, State, ZIP Code <i>La Porte IN 46350</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) <i>Robert O'Donnell Jr</i>	8. Party Affiliation or If Independent Candidate <i>Democrat</i>
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> )	10. County of Residence <i>La Porte</i>

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" 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: <i>6/17/2017</i> Through: <i>10/7/2019</i>		
13. Cash on hand and investments at the beginning of this reporting period.	<i>610.00</i>	
14. Cash on hand and investments January 1, current year.		<i>0</i>

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)		
15b. Unitemized	<i>\$51.00</i>	<i>\$51.00</i>
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	<i>\$51.00</i>	<i>\$51.00</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	<i>\$61.00</i>	<i>\$61.00</i>

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized	<i>\$60.00</i>	<i>\$60.00</i>
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	<i>\$60.00</i>	<i>\$60.00</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	<i>\$1.00</i>	<i>\$1.00</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	

CERTIFICATION			FOR OFFICE USE ONLY IN CLERKS OFFICE
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>Robert O'Donnell</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) <i>10/8/19</i>	<b>OCT 10 2019</b>
Signature of Candidate (if applicable) <i>Robert O'Donnell</i>		Date (mm/dd/yy) <i>10/8/19</i>	
<b>WARNING:</b> 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)			<i>Keppelchick</i> <b>OF LA PORTE CIRCUIT COURT</b>