

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

(CFA-1)

State Form 4604 (R15 / 5-19) 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							
SECTION A. CANDIDA	TE INFOR	RMATION: <i>Fill</i>	in all applicat	ole boxes as	fully and ac	curately as possible.	
2. Last Name		st Name		Middle Name Nic		3. Type of Committee (Chec	
EULLY	1 2	Dorkota	Hend	e4	<i>'</i>	Exploratory Committee	muce
4. Mailing Address (number and street,		IP code)	5.	FAX (Optional)	6.	E-mail Address (Optional)	
301 Pinelake)			
7. City	State IN	ZIP Code	8. County	1	ephone (Day)	10. Telephone (Evening)	
11. Party Affiliation	IIN	<u>46350</u>	Larovac	(a)9) 344-2909		109 (219)344-2909	***
☐ Democratic ☐ Libertarian 💢 Re	epublican 🗖	Other			de district number, i NSAN BOO	if any. Not required for an exploratory com	mittee
SECTION B. COMMITT	EE INFOR	RMATION: Fill	in all applicat				
13. Full Name of Committee (Do not	abbreviate.)	Check if this is a	a new name.				
14. Mailing Address (number and street	UNI 	Dakotu	Ever				
14. Mailing Address (number and street	, city, state, and	ZIP code) XI Check i	if this is a new addres	is. 15. FAX (Opt	ional) 16	6. E-mail Address (Optional)	
301 Pinelake			T40.0 .	()			
17. City UNPOVAC	State	21P Code 46350	18. County		lephone	20. Committee Organization Dat	Ð
21. Chairperson's Full Name				16/10	1,344-291	09 (mm/dd/yy) 03 (09 (2072	
Dakota Ful		nordate as Chairperso	in. Check if this	is a new chairpe	:ISON.		
22. Mailing Address (number and street	city state and	7/P code) BR Check i	f this is a new addres	s 23 FAX (Ont	ional) 24	1. E-mail Address (Optional)	
301 Pinelake A			i tilis is a new addres	3. 23.1 A (Opt	. 24	. E-man Address (Optional)	
25. City	State	ZIP Code	26. County	27. Te	lephone (Day)	28. Telephone (Evening)	
LaPovac	IN	ZIP Code 46350	UNPOVAC	(ک ا	344-29	09 (20) 344-2909	
29. Bank or Other Depositories (Lis	t all banks or					safety deposit boxes or maintains funds.)	
Confier B	ank	14	+ #1044	18953		(Will the committee pay the candidate a sa	
30. Exploratory Committee (Give brief	statement expla	ining purpose of an explor	atory committee only.)	1. Salarles and	Reimbursements	(Will the committee pay the candidate a sa	lary
				eimbursement 10	riost wages? ir ves	s, attach a copy of the contract.)	E N
SECTION C. APPOINT	MENT OF	TREASURER	(IC 3-9-1-14)		Ciamatura of	the Committee Chairmana	
committee, appoint the follow					e Committee Chairperson		
Treasurer of the Committee. 33. Treasurer's Full Name Des		H10X1	15 KUNU		Like	The fort	
A1 1.	signate canoit	ate as treasurer. D	Check if this is a ne	ew treasurer.			
34. Mailing Address (number and street)	city, state, and	ZIP code) X Check i	f this is a new addres	s. 35. FAX (Opt	ional) 36	5. E-mail Address (Optional)	
HON E INTER	4	, ,		, ,	,	, , , , , , , , , , , , , , , , , , , ,	
37. City	State	ZIP Code	38. County	39. Te	lephone (Day)	40. Telephone (Evening)	
(aPOHe	10	U6380	LOROVAC	12/20	,851-151	0 121-128 (916) 0	
	NCE OF	APPOINTMEN'	T (IC 3-9-1-15)				
41. I give notice that I accep	t the duti	es and responsit	ilities of Treasu	rer of this Si	gnature of Pers	on Accepting Appointment	
Committee. I am not the cha permitted for a candidate comr	urperson c nittee unde	та сатрают пп r IC 3-9-1-7).	ance committee	(except as	ロハハハ		
		STATEMENT				FOR OFFICE USE ONL	Y
We certify as the candidate						FILE	D
examined this statement. To th 42. Typed or Printed Name of C				orrect and con	nprete. Date (mm/dd/yy)	IN CLERKS OFFICE	
<u> </u>		()	hall	_/_	03/00	/	
Oakota Evler 43. Typed or Printed Name of C	andidate	Signature of	Candidate	<u>u</u>	Date (mm/dd/yy)	<u>221</u>	
Jpou of t inten Hanie of C		Olynature of	-uiluidate		Date (mail/du/yy)	MAR 1 6 2022	
Worning: State Inc.		Abla 2nda-na-24 - 1		n) -1			
Warning: State law requires that as person who knowingly files a fraudule	ent report cor	nmits a Level 6 D fel	ony (IC 3-14-1-13). A	person who fail	s to file a complete	1 Vinne Ttuers	
accurate report as required by the Insubject to civil penalties (IC 3-9-4-16.			mmits a Class B mis	demeanor (IC 3-	14-1-14), and may	LLacru Sturns CLERK OF LA PORTE CIRCUIT	COU



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

rerse side.

(CFA-4) Summary Sheet

FILE NUMBER

40 22-54

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Committee (as on Statement of Organization)	CA			
2. Acronym or Abbreviated Name (if any)		mittee Telephone Number		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if thi	is is a new address.		
5. City, State, ZIP Code La Porte, IN 46350	Affiliation (if applicable) Republic	w .		
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)		
7. Full Name of Candidate (Include any nickname.) Dahita Herbert Euler	Affiliation or If Independent Candidate REPUBL: CAL			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	inty of Residence		
TYPE OF REPORT	CONVENTIO	CONVENTION CANDIDATES ONLY		
11. Check one:	Check one:			
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Si	tatement of Orga	anization.) Dest-Co	nvention	
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B	
From: 03 /08/22 Through: 01/18/23		This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		0		
14. Cash on hand and investments January 1, current year.			O	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)			0	
15b. Unitemized		\overline{Q}	0	
15c. Add lines 15a and 15b in both columns.	STOTAL	0		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0	0	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0	
17b. Unitemized		D	0	
17c. Add lines 17a and 17b in both columns.	BTOTAL	0	D	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	0	
19. Debts OWED BY the committee (Use Schedule D.)		0		
20. Debts OWED TO the committee (Use Schedule E.)		6		
CERTIFICATION			FOR OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE CORE		F I L E D	
Signature of Treasurer Signature of Candidate (if applicable) Title Tre-Surer	D D	tate (mm/dd/yy) O1 14 33 ate (mm/dd/yy)	IN CLERKS OFFICE 9:13am 75 FEB 1 0 2023	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accu Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-14-1-14)	rate report as	required by the Indiana	Lleane Stevens	
			EDV OF LA PORTE CIRCUIT COLI	