



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
 State Form 4604 (R15 / 5-19)
 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

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. → 46-22-1013

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

2. Last Name KIRK First Name AARON Middle Name MICHAEL Nickname — 3. Type of Committee (Check one)
 Candidate's Principal Committee
 Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code) 6543 N 400 W 5. FAX (Optional) — 6. E-mail Address (Optional) —

7. City MICHIGAN CITY State IN ZIP Code 46360 8. County LAPORTE 9. Telephone (Day) (703) 798-2000 10. Telephone (Evening) () SAME

11. Party Affiliation Democratic Libertarian Republican Other — 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
LAPORTE COUNTY COUNCIL. DISTRICT 2

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.
FRIENDS TO ELECT AARON KIRK

14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 15. FAX (Optional) — 16. E-mail Address (Optional) —

17. City MICHIGAN CITY State IN ZIP Code 46360 18. County LAPORTE 19. Telephone (703) 798-2000 20. Committee Organization Date (mm/dd/yy) 05/18/2022

21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.
AARON MICHAEL KIRK

22. Mailing Address (number and street, city, state, and ZIP code) 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) (703) 798-2000 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.)
HORIZON BANK - 3631 S. FRANKLIN ST - MICHIGAN CITY IN 46360

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.) Yes 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 AARON KIRK Signature of the Committee Chairperson [Signature]

33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.
AARON MICHAEL KIRK

34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 35. FAX (Optional) — 36. E-mail Address (Optional) —

37. City MICHIGAN CITY State IN ZIP Code 46360 38. County LAPORTE 39. Telephone (Day) (703) 798-2000 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 [Signature]

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 AARON KIRK Signature of Chairperson [Signature] Date (mm/dd/yy) 05/17/2022

43. Typed or Printed Name of Candidate AARON KIRK Signature of Candidate [Signature] Date (mm/dd/yy) 05/17/2022

FOR OFFICE USE ONLY

FILED
 IN CLERKS OFFICE

MAY 17 2022

[Signature]
 CLERK OF LA PORTE CIRCUIT COURT

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).