

## 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	NUN	IBER
. IS THIS AN AMENDMENT?	Ye:	s ☐ No If Yes	s, please ent	er the file i	number	in this bo	ı. →	¿410-	77-	1013
ECTION A . CANDIDATI	E INFO	RMATION: Fil.	l in all appl	icable bo	xes as	fully and	accura	ately as pos	sible	
Last Name	F	irst Name	Middle	Name	N	lickname				ttee (Check or
KIRK		AARON	MIC	HATI		_		15		ncipal Committ
Mailing Address (number and street city	v state and	7/P code)		E EAY (O	ofonall	<del></del>	le =:	☐ Explora il Address (Option	11	
6543 N	400	ia i		3.1 22.10)			o. E-ma		naı)	
City	State	ZIP Code	8. County	(	9 Telen	hone (Day)	!	10. Telephon	o /Evon	inal
MICHIGAN CITY	IN	46360	1 a Prie	72	203	760-	2000	10. Telephon	C (CVCIII	ng) <del>-</del>
6543 N 4 City MICHIGAN CITY Party Affiliation	_1	10300	112	. Office Sour	ht (Include	district numb	er if any	Not required for a	n evolo	ratary committe
Democratic 🔲 Libertarian 🙇 Repi	ublican 🗌	] Other	2	APORTE	COU	~77 6	ounc	16. DIS	712 I C	7 2
ECTION B. COMMITTEI	E INFO	RMATION: Fil	l in all appl	icable bo	xes as	fully and	accura	ately as pos	sible	
- Full Name of Committee (Do not al	bbreviate.,	)	a new name.							
		LECT AF								
. Mailing Address (number and street, cit	ity, state, and	d ZIP code) ☐ Check	if this is a new a	ddress. 15. F.	AX (Option	nal)	16. E-ma	all Address (Opti	onal)	
6543 W 400 W City MICHIGAN CITY Chairperson's Full Name 19 Do	T =		145 -		)					
. City	State	ZIP Code	18. County		19. Tele	phone		20. Committee		
MICHIGAN CITY	1//	46360	LAPOR	TE	( <b>703</b> )	798-20	00	(mm/dd/yy) OS/18	2/2	220
Constitue on a Latin Matthe M De	ssignate C	andidate as Chairpers	on. LI Check	if this is a new	chairpers	on.			,	
AARON	MIC	HAEL KI	RK							
Mailing Address (number and street, cit	ty, state, and	1 ZIP code) ☐ Check	if this is a new a	ddress. 23. F.	AX (Option	nal)	24. E-ma	sil Address (Opti	onal)	
6343 N 400 W				(	) –		:			
. City	State	ZIP Code	26. County		27. Teler	phone (Day)		28. Telephone	(Eveni	ng)
40 1 C 440 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/		l							
MICHIGAN CITY	IN	46360	LA PORT	E	703	798-Z	000	( ) 5%	9ME	
		anior oppositoriou in i	mon the commi	nee deboaits it	arida, ribida	0000001113, 10	no saicty	nebosit poves or	manna	ns funds.)
HURIZON BAN	/K -	3631 S	FRANK	CLIN' S	J	MICHTOI	ris saidiy FN (	CITY IN	manntai	16360
HURIZON BAN	/K -	3631 S	FRANK	(),) 31. Salari	es and Re	M/CH76/ imbursemen	f V ( ts (Will the	CITY IN	the can	16360 Idate a salary
HURIZON BAN Exploratory Committee (Give brief sta	/K - atement expl	363/ S laining purpose of an exploi	. FRANK atory committee on	y.) 31. Salari reimburse	es and Re	M/CH76/ imbursemen	f V ( ts (Will the	CITY IN	the can	16360 Idate a salary
HURIZON BAN. Exploratory Committee (Give brief state) ECTION C. APPOINTME	K - atement expr	363/ S laining purpose of an exploi	. FRANK ratory committee on	(L) S. (y.) 31. Salari reimburse	es and Re	M/C/176/ imbursemen st wages? If	ts (Will the es, attack	C/TY // e committee pay h a copy of the co	the canontract.)	16360 Idate a salary
HURIZON BAN. Exploratory Committee (Give brief state)  ECTION C. APPOINTME  I. as Chairperson of the	Atement expr	363/ S laining purpose of an exploi TREASURER going   Person Appo	FRANCE ratory committee on  (IC 3-9-1-1) Inted Treasurer	(V) 31. Salari reimburse	es and Re	M/C/176/ imbursemen st wages? If	ts (Will the es, attack	CITY IN	the canontract.)	16360 Idate a salary
HORIZON BAN. Exploratory Committee (Give brief state)  ECTION C. APPOINTME  I, as Chairperson of the mmittee, appoint the following easurer of the Committee.	ENT OF	laining purpose of an explorement of the state of the sta	(IC 3-9-1-1) inted Treasurer	y) 31. Salari reimburse	es and Re	M/C/176/ imbursemen st wages? If	ts (Will the es, attack	C/TY // e committee pay h a copy of the co	the canontract.)	16360 Idate a salary
ECTION C. APPOINTME  I, as Chairperson of the mmittee, appoint the following easurer of the Committee.  Treasurer's Full Name Design	ent OF ne foreing personnate cand	TREASURER going Person Appo on as Hamiltonian	(IC 3-9-1-1) inted Treasurer	y) 31. Salari reimburse	es and Re	M/C/176/ imbursemen st wages? If	ts (Will the es, attack	C/TY // e committee pay h a copy of the co	the canontract.)	16360 Idate a salary
ECTION C. APPOINTME  I, as Chairperson of the following easurer of the Committee.  Treasurer's Full Name Design	ENT OF	TREASURER going Person Appo on as High	(IC 3-9-1-1 inted Treasurer Check if this i	(V/V S. 31. Salari reimburse	es and Rement for lo	M/CH76/ imbursemen st wages? If	ts (Will the es, attack	C/TY // e committee pay h a copy of the co	the canontract.)	16360 Idate a salary
EXPLORIZON BANDER STORY  EXPLORATION C. APPOINTME  I, as Chairperson of the ministee, appoint the following easurer of the Committee.  Treasurer's Full Name Design AMRON MIC.  Mailing Address (number and street, cit.)	ent of the foreign person nate cand	TREASURER going Person Appo on as High	(IC 3-9-1-1 inted Treasurer Check if this i	(V/V S. 31. Salari reimburse	es and Rement for lo	M/CH76/ imbursemen st wages? If	ts (Will the des, attack	C/TY // e committee pay h a copy of the co	the canontract.)	16360 Idate a salary
EXPLORIZON BANDER STORY  EXPLORATION C. APPOINTME  I, as Chairperson of the ministee, appoint the following easurer of the Committee.  Treasurer's Full Name Design AMRON MIC.  Mailing Address (number and street, cit.)	ent of the foreign person nate cand	TREASURER going Person Appo on as High K ZIP code Check	(IC 3-9-1-1) inted Treasurer Check if this is a new as	(V/V S. 31. Salari reimburse	es and Rement for lo	M/CH76/ imbursemen st wages? If `  Signature	ts (Will the des, attack	e committee pay h a copy of the co	the canontract.)	16360 Idate a salary
EXPLORATION BANDER STORE	ent of the foreign person nate cand	TREASURER going Person Appo on as High K ZIP code Check	(IC 3-9-1-1) inted Treasurer Check if this is a new as	(y) 31. Salari reimburse (4)  K/RK s a new treasu	es and Rement for lo	M/CH76/ imbursemen st wages? If  Signature  al)  chone (Day)	ts (Will the ces, attack	e committee pay h a copy of the co	the cannontract.) erson	/6360 didate a salary ☐ Yes 💆
ECTION C. APPOINTME  I, as Chairperson of the following easurer of the Committee.  Treasurer's Full Name Design APPOINTME  Mailing Address (number and street, city 6543 N 400)  City MICHIGAN CITY	ENT OF the foreign person to the foreign per	TREASURER going Person Appo idate as treasurer.   KIRK  ZIP code	(IC 3-9-1-1 inted Treasurer Check if this is a new action of the county LAPOR?	(V/W S. 31. Salari reimburse 41)  K/RK s a new treasu ddress. 35. F/	es and Rement for lo	M/CH76/ imbursemen st wages? If  Signature  al)  chone (Day)	ts (Will the ces, attack	e committee pay h a copy of the co	the cantontract.) erson	/6360 didate a salary ☐ Yes 💆
ECTION C. APPOINTME  I, as Chairperson of the following easurer of the Committee.  Treasurer's Full Name Design AMAIN MIC.  MICHIGAN CITY  ECTION D. ACCEPTANG	ENT OF the foreign personate cand HAEC y, state, and State	TREASURER going Person Appo on as Person Appo idate as treasurer.   LIE K ZIP code Check  ZIP Code  46 36 0  APPOINTMEN	(IC 3-9-1-1) inted Treasurer Check if this is a new as 38. County LAPORT	(V/N S. 31. Salari reimburse 4)  K/RK s a new treasu ddress. 35. F/	rer. AX (Option ) 39. Telep	MICHIEL IMPORTATION OF THE PROPERTY OF THE PRO	ts (Will the co. attack	e committee pay h a copy of the co	the cane ontract.) erson  onal)  (Eveni.	/636 o didate a salary ☐ Yes 💆
ECTION C. APPOINTME  I, as Chairperson of the following easurer of the Committee.  Treasurer's Full Name Design AMAIN MICHIGAN CITY  ECTION D. ACCEPTANG.  I give notice that I accept	ENT OF the foreign personate cand  HHEEL TO State  State  CE OF the dut	TREASURER going Person Appo on as Person Appo idate as treasurer.  ZIP Code 46360 APPOINTMEN ies and responsit	(IC 3-9-1-1) inted Treasurer Check if this is a new as 38. County LAPORT	(CLIN S. 31. Salari reimburse 4)  CIRK s a new treasu ddress. 35. Fi	es and Rement for lo	MICHIEL IMPORTATION OF THE PROPERTY OF THE PRO	ts (Will the co. attack	e committee pay h a copy of the co	the cane ontract.) erson  onal)  (Eveni.	/636 o didate a salary ☐ Yes 💆
EXPLORIZON BAN  Exploratory Committee (Give brief ste  I, as Chairperson of the ministee, appoint the following easurer of the Committee.  Treasurer's Full Name Design AMRON MIC  Mailing Address (number and street, city City MIC HIGAN CITY  ECTION D. ACCEPTANO  I give notice that I accept mmittee. I am not the chair	ENT OF the foreing person of the dutiperson of t	TREASURER going Person Appo on as Person Appo idate as treasurer.   ZIP Code  ZIP Code  46 36 0  APPOINTMEN ies and responsit of a campaign fin	(IC 3-9-1-1) inted Treasurer Check if this is a new as 38. County LAPORT	(CLIN S. 31. Salari reimburse 4)  CIRK s a new treasu ddress. 35. Fi	es and Rement for lo	MICHIEL IMPORTATION OF THE PROPERTY OF THE PRO	ts (Will the co. attack	e committee pay h a copy of the co	the cane ontract.) erson  onal)  (Eveni.	/636 o didate a salary ☐ Yes 💆
Exploratory Committee (Give brief state)  ECTION C. APPOINTME  I, as Chairperson of the minittee, appoint the following easurer of the Committee.  Treasurer's Full Name Design AMACON MICHIGAN CITY  ECTION D. ACCEPTANG  I give notice that I accept mmittee. I am not the chair mitted for a candidate commitee.  ECTION E. CERTIFICAT	ENT OF the foreing person of the dutiperson of t	TREASURER going Person Appo on as Person Appo idate as treasurer.  ZIP Code ZIP Code 46 36 0  APPOINTMEN ies and responsit of a campaign fin er IC 3-9-1-7). F STATEMENT	(IC 3-9-1-1) inted Treasurer Check if this is a new as 38. County LAPORT	(C/N S. 31. Salari reimburse 4)  K/RK s a new treasu ddress. 35. F/	rer.  AX (Option ) 39. Telep (703) this Sign	M/CH/6/ imbursemen st wages? If V  Signature  al)  Ohone (Day)  798 - 2  nature of Pe	tis (Will the ces, attack	e committee pay h a copy of the co	the candontract.) erson  onal)  (Evenia	#GJG o didate a salary ☐ Yes 💆
Exploratory Committee (Give brief state)  ECTION C. APPOINTME  I, as Chairperson of the mmittee, appoint the following assurer of the Committee.  Treasurer's Full Name Design American Michael Michae	enterent explored in the cand	TREASURER going Person Appo idate as treasurer.  ZIP Code 46 36 0  APPOINTMEN ies and responsition a campaign fine er IC 3-9-1-7).  F STATEMENT July appointed Ch	(IC 3-9-1-1) inted Treasurer Check if this is a new as  38. County LAPOR T (IC 3-9-1- collities of Treasurer anirperson of	(IVV S. 31. Salari reimburse  4)  K/RK s a new treasu  ddress. 35. Fr  (15) easurer of 1 tee (except	es and Rement for lo	M/Cf/6/ imbursemen st wages? If  Signature  al)  chone (Day)  798 - 2  nature of Pe	tis (Will the ces, attack	e committee pay h a copy of the committee Chairpe  iii Address (Option 40. Telephone	the candontract.) erson  onal)  (Evenia	#GJG o didate a salary ☐ Yes 💆
EXPLORIZON BANGER LANGE TO THE PROPERTY OF THE	enterent explored in the cand where	TREASURER going Person Appo idate as treasurer.  ZIP Code  ZIP Code  46 36 0  APPOINTMEN ies and responsite of a campaign finer IC 3-9-1-7).  F STATEMENT luly appointed Chur knowledge and	(IC 3-9-1-1) inted Treasurer  Check if this is a new as a second to the	(IVV S. 31. Salari reimburse  4)  K/RK s a new treasu  ddress. 35. Fr  (15) easurer of 1 tee (except	rer.  AX (Option ) 39. Telep (703) this Sign as	M/CH/6/ imbursemen st wages? If  Signature  al)  798 - 2  nature of Pe d that we lete.	tis (Will the ces, attack	e committee pay h a copy of the committee Chairpe ill Address (Option 40. Telephone S. Capting Appoint FOR OFFI	the candontract.) erson  onal)  (Evenia	#GJG o  ### GJG o  ##
Exploratory Committee (Give brief state  ECTION C. APPOINTME  I, as Chairperson of the mmittee, appoint the following assurer of the Committee.  Treasurer's Full Name Design AMRON M/C.  Mailing Address (number and street, off 6543 N 400)  City  MICHIGAN CITY  ECTION D. ACCEPTANG  I give notice that I accept a mmittee. I am not the chair remitted for a candidate committee. CERTIFICAT  I certify as the candidate an amined this statement. To the tatement of the committee of the conditional committee of the candidate and amined this statement. To the tatement of the committee of the candidate and amined this statement. To the tatement of the committee of the candidate and amined this statement. To the tatement of the candidate of the candidate of the candidate and amined this statement. To the tatement of the candidate of the candi	enternent expired a service and the cand the can	TREASURER going Person Appo idate as treasurer.  ZIP Code  ZIP Code  46 36 0  APPOINTMEN ies and responsite of a campaign finer IC 3-9-1-7).  F STATEMENT luly appointed Chur knowledge and	(IC 3-9-1-1) inted Treasurer  Check if this is a new as a second to the	(IVV S. 31. Salari reimburse  4)  K/RK s a new treasu  ddress. 35. Fr  (15) easurer of 1 tee (except	rer.  AX (Option  39. Telep  (703)  this Sign  as	MICHIES imbursemen st wages? If Value of Day) 798 - 2  That the control of Day	is salely  is (Will the  es, attack  of the Co  rson Ac	e committee pay h a copy of the committee Chairpe ill Address (Option 40. Telephone S. Capting Appoint FOR OFFI	the candontract.) erson  onal)  (Evenia	CGGO  didate a salary  Yes   Pagi
ECTION C. APPOINTME  I. I, as Chairperson of the ministee, appoint the following easurer of the Committee.  Treasurer's Full Name Design MIC.  Mailing Address (number and street, city MIC HIGAN CITY  ECTION D. ACCEPTANG.  I give notice that I accept ministee. I am not the chairy mitted for a candidate committee. CTION E. CERTIFICAT exceptions are certify as the candidate an amined this statement. To the talk after the committee of Chair and the control of the candidate and amined this statement. To the talk after the candidate of Chair and Control of Chair and Chair an	enterent explorate cand  HACT  State  WHACT  WHACT  State  WHACT	TREASURER going Person Appo idate as treasurer.   ZIP Code  46 360  APPOINTMEN ies and responsit of a campaign fin er IC 3-9-1-7).  F STATEMENT ully appointed Chur knowledge and Signature of	(IC 3-9-1-1) inted Treasurer Check if this is a new as a second of the committee of the com	(IVV S. 31. Salari reimburse  4)  K/RK s a new treasu  ddress. 35. Fr  (15) easurer of 1 tee (except	rer.  AX (Option  39. Telep  (703)  this Sign  as	MICHIES imbursemen ist wages? If V  Signature  al)  Ohone (Day)  798 - 2  nature of Pe  d that we lete. ate (mm/dd/yy)	is salely  is (Will the  es, attack  of the Co  rson Ac	e committee pay h a copy of the committee Chairp  ill Address (Option 40. Telephone  FOR OFFI FI IN CL	the canontract.) erson  onal)  (Evenia	MGGO  didate a salary  Yes   Pagi
ECTION C. APPOINTME  I, as Chairperson of the ministee, appoint the following easurer of the Committee.  Treasurer's Full Name Design ARON M/C.  Mailing Address (number and street, off 6543 N 400)  City  MICHIGAN CITY  ECTION D. ACCEPTANG  I give notice that I accept mittee for a candidate committee. I am not the chair mittee for a candidate an amined this statement. To the language of the ARRON KIR.  Typed or Printed Name of Chair ARRON KIR.  Typed or Printed Name of Candidate or Printed Name of Candidate or Printed Name of Chair ARRON KIR.	enterent explorate cand  HACT  State  WART  WART  State  WART  WART  State  WART  WAR	TREASURER going Person Appo idate as treasurer.  ZIP Code  ZIP Code  46 36 0  APPOINTMEN ies and responsite of a campaign finer IC 3-9-1-7).  F STATEMENT luly appointed Chur knowledge and	(IC 3-9-1-1) inted Treasurer Check if this is a new as a second of the committee of the com	(IVV S. 31. Salari reimburse  4)  K/RK s a new treasu  ddress. 35. Fr  (15) easurer of 1 tee (except	rer.  AX (Option  39. Telep  (703)  this Sign  as Di  Di  Di	M/Cf/6/ imbursemen st wages? If  Signature  al)  Othone (Day)  798 - 2  nature of Be  d that we lete.  ate (mm/dd/yy)	to (Will the Co	e committee pay h a copy of the committee Chairp  ill Address (Option 40. Telephone  FOR OFFI FI IN CL	the canontract.) erson  onal)  (Evenia	CGGO  didate a salary  Yes   Pagi
Exploratory Committee (Give brief state  ECTION C. APPOINTME  I, as Chairperson of the ministee, appoint the following easurer of the Committee.  Treasurer's Full Name Design APRON MICHIGAN CITY  ECTION D. ACCEPTANG  In give notice that I accept ministee. I am not the chair ministed for a candidate committee. I certify as the candidate and amined this statement. To the tate of the APRON KIR.	enterent explorate cand  HACT  State  WART  WART  State  WART  WART  State  WART  WAR	TREASURER going Person Appo idate as treasurer.   ZIP Code  46 360  APPOINTMEN ies and responsit of a campaign fin er IC 3-9-1-7).  F STATEMENT ully appointed Chur knowledge and Signature of	(IC 3-9-1-1) inted Treasurer Check if this is a new as a second of the committee of the com	(IVV S. 31. Salari reimburse  4)  K/RK s a new treasu  ddress. 35. Fr  (15) easurer of 1 tee (except	rer.  AX (Option  39. Telep  (703)  this Sign  as Di  Di  Di	MICHIES imbursemen ist wages? If V  Signature  al)  Ohone (Day)  798 - 2  nature of Pe  d that we lete. ate (mm/dd/yy)	to (Will the Co	e committee pay h a copy of the committee Chairp  ill Address (Option 40. Telephone  FOR OFFI FI IN CL	the canontract.) erson  onal)  (Evenia	MGGO  didate a salary  Yes   Pagi
Exploratory Committee (Give brief state  ECTION C. APPOINTME  I, as Chairperson of the mmittee, appoint the following assurer of the Committee.  Treasurer's Full Name Design AMRON M/C  Mailing Address (number and street, off 6543 N 400  City MICHIGAN CITY  ECTION D. ACCEPTANO  I give notice that I accept mmittee. I am not the chair mmittee. I am not the chair mmittee for a candidate commit ection E. CERTIFICAT  Typed or Printed Name of Chair and Chair Mark ON KIR.  Typed or Printed Name of Candidate or Printed Name of Chair Mark ON KIR.	enternent explorate foreign person  State  J.V.  CE OF the duty person tee under the duty person the duty pers	TREASURER going Person Appo idate as treasurer.  ZIP Code 46 36 0  APPOINTMEN ies and responsition a campaign fine ar IC 3-9-1-7).  FSTATEMENT July appointed Chur knowledge and Signature of Signature of Signature of	(IC 3-9-1-1) Inted Treasurer Check if this is a new activities of Treasurer committee on the committee on the committee on the committee of the committee of the committee of the committee of the committee on the committee on the committee of the committee on the committee of the committee of the committee on the committee of th	31. Salari reimburse  (I) 31. Salari reimburse  (I) III III III III III III III III III	es and Rement for lo	al) Signature  Signature  Al)  Othone (Day)  798 - 2  Dature of Be  detature of Be  detature (mm/dd/yy)  5/17/20  gae (IC 3-9-1-	the (Will the Cooperate of the Cooperate	e committee pay h a copy of the committee Charpe  III Address (Option  40. Telephone  FOR OFFI  F I  IN CL  MAY	the cannotract.) erson  onal)  (Evenia Are e  intmen	MGGO  didate a salary  Yes   Pagi