



## 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)

## PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

								FILE NUMBER
I. IS THIS AN AMENDMEN	NT?   Yes	No If Yes	, please o	enter the file	numbe	r in this box	$\sim$	
SECTION A . CANDIDA		RMATION: Fill		oplicable bo	oxes as	fully and		ately as possible.
Last Manie	[17]	rsi waine	Marce	ude Name		Nackhame		3. Type of Committee (Check or Candidate's Principal Committee
PARKS	E	BRETT	J/	AMES				☐ Exploratory Committee
. Mailing Address (number and street	et, city, state, and a	ZIP code)	•	5. FAX (	Optional)		6. E-mai	il Address (Optional)
219 WHISPERING BO	ULEVARD	)		( )			bjpar	ks3@frontier.com
'. City	State	ZIP Code	8. County	, 13	9. Tel	ephone (Day)		10. Telephone (Evening)
LA PORTE	iN	46350-3592	LA PO	RTE	,219	851-003	3	,219, 851-0033
1. Party Affiliation		1	-1					Not required for an exploratory committee
Democratic Libertarian 🗹 F	-					VNSHIP BO		
SECTION B. COMMITT					oxes a	s fully and	accura	ately as possible.
3. Full Name of Committee (Do no	,	☐ Check if this is:	a new name	<b>.</b>				
PARKS FOR PLEASAN								
4. Mailing Address (number and street, city, state, and Z		•		new address. 15. FAX (		ional)	16. E-mail Address (Optional)	
219 WHISPERING BO	ULEVARD						bjpar	ks3@frontier.com
7. City	State	ZIP Code	18. Count	-		lephone		20. Committee Organization Date
LA PORTE	IN 46350-3592 LA PORTE		RTE	(219) 851-0033		3	(mm/dd/yy) 01/18/22	
1. Chairperson's Full Name 🛮 🗹	Designate Ca	andidate as Chairperso	on. 🗀 Ch	neck if this is a ne	w chairpe	rson.		
<b>BRETT JAMES PARKS</b>	S							
2. Mailing Address (number and street		ZIP code)	if this is a ne	ew address. 23.	FAX (Opt	ional)	24. E-ma	ail Address (Optional)
?19 WHISPERING BOI				L		•	bipar	ks3@frontier.com
City	State	ZIP Code	26. Count	tv 1(	27. Te	dephone (Day)	- 71-	28. Telephone (Evening)
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HORIZON BANK				<u>.</u>				•
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