



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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> →										46-22-53
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.										
2. Last Name WALLACE		First Name ANTHONY		Middle Name BLAINE		Nickname TONY		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) P.O. BOX 215					5. FAX (Optional) ()		6. E-mail Address (Optional)			
7. City HANNA		State IN	ZIP Code 46340	8. County LAFORTE		9. Telephone (Day) (219) 608-0004		10. Telephone (Evening) (219) 608-0004		
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other _____					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) HANNA TOWNSHIP TRUSTEE					
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. TONY WALLACE FOR HANNA TOWNSHIP TRUSTEE										
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P.O. BOX 215					15. FAX (Optional) ()		16. E-mail Address (Optional)			
17. City HANNA		State IN	ZIP Code 46340	18. County LAFORTE		19. Telephone (219) 608-0004		20. Committee Organization Date (mm/dd/yy) 3/15/2022		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. TONY WALLACE										
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P.O. BOX 215					23. FAX (Optional) ()		24. E-mail Address (Optional)			
25. City HANNA		State IN	ZIP Code 46340	26. County LAFORTE		27. Telephone (Day) (219) 608-0004		28. Telephone (Evening) (219) 608-0004		
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										
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 TONY WALLACE			Signature of the Committee Chairperson <i>Tony Wallace</i>				
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. ANTHONY BLAINE WALLACE										
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P.O. BOX 215					35. FAX (Optional) ()		36. E-mail Address (Optional)			
37. City HANNA		State IN	ZIP Code 46340	38. County LAFORTE		39. Telephone (Day) (219) 608-0004		40. Telephone (Evening) (219) 608-0004		
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				
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 TONY WALLACE		Signature of Chairperson <i>Tony Wallace</i>				Date (mm/dd/yy) 03/15/2022				
43. Typed or Printed Name of Candidate TONY WALLACE		Signature of Candidate <i>Tony Wallace</i>				Date (mm/dd/yy) 03/15/2022				
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 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).										

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F I L E D
 IN CLERKS OFFICE
 MAR 15 2022
L. Leanne Stevens
 CLERK OF LA PORTE CIRCUIT COURT