



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
 State Form 4604 (R13/9-10)  
 Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**(CFA-1)**

FILED  
 CLERK KAREN M. MAFF

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

**FILE NUMBER**  
 2016-00015

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

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

2. Last Name Harris		First Name Charles		Middle Name Frederick		Nickname Chuck		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 3351 Blue Jay Dr				5. FAX (Optional) ( )		6. E-mail Address (Optional)			
7. City Valparaiso		State IN	ZIP Code 46383	8. County Porter		9. Telephone (Day) (219) 405-6696		10. Telephone (Evening) (219) 405-6696	
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.) Treasurer					

**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 Friends Of Chuck Harris									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 3351 Blue Jay Dr				15. FAX (Optional) ( )		16. E-mail Address (Optional)			
17. City Valparaiso		State IN	ZIP Code 46383	18. County Porter		19. Telephone (219) 405-6696		20. Committee Organization Date (MM-DD-YY) 4/21/2016	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Amber Morris				22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 2402 Primrose Dr					
23. FAX (Optional) ( )		24. E-mail Address (Optional)				25. City Valparaiso			
State IN		ZIP Code 46385	26. County Porter		27. Telephone (Day) ( )		28. Telephone (Evening) ( )		
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"/> No <input type="checkbox"/> Yes				

**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. Kenard Taylor			Person Appointed Treasurer Kenard Taylor							Signature of the Committee Chairperson 	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Kenard Taylor											
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 306 Napoleon St				35. FAX (Optional) ( )		36. E-mail Address (Optional) ktaylor@mtsworld.com					
37. City Valparaiso		State IN	ZIP Code 46383	38. County Porter		39. Telephone (Day) (219) 242-1570		40. Telephone (Evening) ( )			

**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 				
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**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 Amber Morris		Signature of Chairperson 		Date (MM-DD-YY) 05/27/2016	
43. Typed or Printed Name of Candidate Chuck Harris		Signature of Candidate 		Date (MM-DD-YY) 5/27/16	

**FOR OFFICE USE ONLY**

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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).