



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)

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

CLERK

FILE NUMBER

1. IS THIS AN AMENDMENT? No Yes If Yes, please enter the file number in this box → **64216**

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

2. Last Name BOGUE	First Name CHAD	Middle Name ANTHONY	Nickname NA	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 707 W 477 W		5. FAX (Optional)		6. E-mail Address (Optional)
7. City VALPARAISO	State IN	ZIP Code 46385	8. County PORTER	9. Telephone (Day) 219, 759 5256
				10. Telephone (Evening) 219, 406 3311
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other NON PARTISAN			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) PORTAGE TWP SCHOOL BOARD AT-LARGE	

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 COMMITTEE TO ELECT CHAD BOGUE, PORTAGE TWP SCHOOL BOARD				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 707 W 477 W		15. FAX (Optional)		16. E-mail Address (Optional)
17. City VALPARAISO	State IN	ZIP Code 46385	18. County PORTER	19. Telephone 219, 406-3311
				20. Committee Organization Date (MM-DD-YY) 07/27/16
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson CHAD ANTHONY BOGUE				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 707 W 477 W		23. FAX (Optional)		24. E-mail Address (Optional)
25. City VALPARAISO	State IN	ZIP Code 46385	26. County PORTER	27. Telephone (Day) 219, 759 5256
				28. Telephone (Evening) 219 406 3311
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.) CENTIER 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 checked="" 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. CHAD A. BOGUE		Person Appointed Treasurer CHAD A. BOGUE	Signature of the Committee Chairperson <i>[Signature]</i>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer CHAD ANTHONY BOGUE			
34. Mailing Address <input type="checkbox"/> Check if this is a new address 707 W 477 W		35. FAX (Optional)	
36. E-mail Address (Optional)		37. City VALPARAISO	
38. State IN		39. ZIP Code 46385	
40. County PORTER		41. Telephone (Day) 219, 759 5256	
42. Telephone (Evening) 219, 406 3311			

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.			FOR OFFICE USE ONLY
42. Typed or Printed Name of Chairperson CHAD A BOGUE	Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) 10/24/16	
43. Typed or Printed Name of Candidate CHAD A. BOGUE	Signature of Candidate <i>[Signature]</i>	Date (MM-DD-YY) 10/24/16	
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 3-9-1-13). 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).			

PORTER COUNTY CLERK
 KATHLEEN HARRIS
 FILED
 2016 OCT 27 10 23 AM