



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R12/9-09)
Indiana Election Commission (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

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 Kettwig		First Name Lisa		Middle Name Renee	Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 2922 Winterberry Rd				5. FAX (Optional)		6. E-mail Address (Optional)		
7. City Portage		State IN	ZIP Code 46368	8. County Porter		9. Telephone (Day) (219) 406-6699		10. Telephone (Evening) (219) 406-6699
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other School Board				12. Office Sought (Include district number, if any. Not required for an exploratory committee.)				

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Committee to Elect Lisa Kettwig								
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 2922 Winterberry Rd				15. FAX (Optional)		16. E-mail Address (Optional)		
17. City PORTAGE		State IN	ZIP Code 46368	18. County PORTER		19. Telephone (219) 406-6699		20. Committee Organization Date (MM-DD-YY) 09-01-16
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Lisa Renee Kettwig								
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 2922 Winterberry Rd				23. FAX (Optional)		24. E-mail Address (Optional)		
25. City Portage		State IN	ZIP Code 46368	26. County Porter		27. Telephone (Day) (219) 406-6699		28. Telephone (Evening) SAME
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.) 1st Source								
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.		Person Appointed Treasurer Daniel Kettwig		Signature of the Committee Chairperson <i>[Signature]</i>				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Daniel Kettwig								
34. Mailing Address <input type="checkbox"/> Check if this is a new address 2922 Winterberry Rd				35. FAX (Optional)		36. E-mail Address (Optional)		
37. City PORTAGE		State IN	ZIP Code 46368	38. County Porter		39. Telephone (Day) (219) 406-6699		40. Telephone (Evening) SAME

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 <i>[Signature]</i>	
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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 Lisa Kettwig		Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) 10-24-16
43. Typed or Printed Name of Candidate Lisa Kettwig		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 3-14-1-13). 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).			

FOR OFFICE USE ONLY
 ORDER CIRCUIT AND
 FILED
 IN OCT 25 2016
 CLERK KAREN THOMPSON