



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

(CFA-1)

State Form 4604 (R14 / 10-17)
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									
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name <i>Deckard</i>		First Name <i>Trent</i>		Middle Name <i>Ryan</i>		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) <i>2609 S. Southern Ridge Ct.</i>					5. FAX (Optional)		6. E-mail Address (Optional) <i>trent.deckard@monroecounty.in.gov</i>		
7. City <i>Bloomington</i>		State <i>IN</i>	ZIP Code <i>47403</i>	8. County <i>Monroe</i>		9. Telephone (Day) <i>(812) 360 2110</i>		10. Telephone (Evening) <i>Same</i>	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>Monroe County Council, At-Large</i>				
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. <i>Trent Deckard for Monroe County</i>									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>2609 S. Southern Ridge Ct.</i>					15. FAX (Optional)		16. E-mail Address (Optional) <i>trent.deckard@monroecounty.in.gov</i>		
17. City <i>Bloomington</i>		State <i>IN</i>	ZIP Code <i>47403</i>	18. County <i>Monroe</i>		19. Telephone <i>(812) 360-2110</i>		20. Committee Organization Date (mm/dd/yy) <i>2-8-19</i>	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <i>Kyla Cox Deckard</i>									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>2609 S. Southern Ridge Ct.</i>					23. FAX (Optional)		24. E-mail Address (Optional) <i>Kublanke@gmail.com</i>		
25. City <i>Bloomington</i>		State <i>IN</i>	ZIP Code <i>47403</i>	26. County <i>Monroe</i>		27. Telephone (Day) <i>(812) 219 9993</i>		28. Telephone (Evening) <i>Same</i>	
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.) <i>IN Credit Union</i>									
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 <i>Amelia Lahn</i>		Signature of the Committee Chairperson <i>Kyla Cox Deckard</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <i>Amelia Lahn</i>									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>PO BOX 1262</i>					35. FAX (Optional)		36. E-mail Address (Optional)		
37. City <i>Bloomington</i>		State <i>IN</i>	ZIP Code <i>47402</i>	38. County <i>Monroe</i>		39. Telephone (Day) <i>(812) 361-8752</i>		40. Telephone (Evening) <i>(812) 361-8752</i>	
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>Amelia Lahn</i>				
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 <i>Kyla Cox Deckard</i>			Signature of Chairperson <i>Kyla Cox Deckard</i>			Date (mm/dd/yy) <i>2-8-19</i>			
43. Typed or Printed Name of Candidate <i>Trent Deckard</i>			Signature of Candidate <i>Trent Deckard</i>			Date (mm/dd/yy) <i>2-8-19</i>			
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 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).									

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