



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 checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i> | | | | | 2021-1 |
| SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | |
| 2. Last Name Williamson | | First Name Nathan | | Middle Name P | Nickname |
| 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) PO Box 507 | | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) |
| 7. City Ellettsville | State IN | ZIP Code 47429 | 8. County Monroe | 9. Telephone (Day) 812, 381-1427 | 10. Telephone (Evening) 812, 381-1427 |
| 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.) Monroe County Sheriff | | |
| 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. Advocates for Nathan Williamson | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. PO Box 507 | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) |
| 17. City Ellettsville | State IN | ZIP Code 47429 | 18. County Monroe | 19. Telephone 812, 381-1427 | 20. Committee Organization Date (mm/dd/yy) 04/28/2021 |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Ryan Davis | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. PO Box 507 | | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) |
| 25. City Ellettsville | State IN | ZIP Code 47429 | 26. County Monroe | 27. Telephone (Day) 812, 327-6989 | 28. Telephone (Evening) 812, 327-6989 |
| 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.) Old National Bank | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) To receive and expend funds and gather informatio | | | 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 Lisa Williamson | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Lisa Williamson | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. PO Box 507 | | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) |
| 37. City Ellettsville | State IN | ZIP Code 47429 | 38. County Monroe | 39. Telephone (Day) 812, 929-9312 | 40. Telephone (Evening) 812, 929-9312 |
| 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 Ryan Davis | | Signature of Chairperson | | Date (mm/dd/yy) 04/28/2021 | |
| 43. Typed or Printed Name of Candidate Nathan Williamson | | Signature of Candidate | | Date (mm/dd/yy) 04/28/2021 | |
| 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). | | | | | |

FOR OFFICE USE ONLY

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APR 29 2021

CLERK MONROE CIRCUIT COURT