



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

(CFA-1)

State Form 4604 (R15 / 5-19)
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? Yes No If Yes, please enter the file number in this box. → 2022-36

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

2. Last Name Hale		First Name Stephen		Middle Name M	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) 637 Militia ct				5. FAX (Optional) ()		6. E-mail Address (Optional) Smh5385@gmail.com	
7. City Ellettsville	State IN	ZIP Code 47429	8. County IN	9. Telephone (Day) (812) 606-7494		10. Telephone (Evening) (812) 606-7494	
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.) 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 type="checkbox"/> Check if this is a new name. Steve Hale for Sheriff							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 637 Militia Court				15. FAX (Optional) ()		16. E-mail Address (Optional) laurahalem@gmail.com	
17. City Ellettsville	State IN	ZIP Code 47429	18. County Monroe	19. Telephone (812) 606-7494		20. Committee Organization Date (mm/dd/yy) 02/10/22	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Laura Hale							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 637 E Militia Ct				23. FAX (Optional) ()		24. E-mail Address (Optional) laurahalem@gmail.com	
25. City Ellettsville	State IN	ZIP Code 47429	26. County Monroe	27. Telephone (Day) (812) 709-0083		28. Telephone (Evening) (812) 709-0083	
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.) The People's State 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"/> 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 LAURA HALE	Signature of the Committee Chairperson				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. LAURA HALE							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 637 E Militia Ct				35. FAX (Optional) ()		36. E-mail Address (Optional) laurahalem@gmail.com	
37. City Ellettsville	State IN	ZIP Code 47429	38. County Monroe	39. Telephone (Day) (812) 709-0083		40. Telephone (Evening) (812) 709-0083	

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 Laura Hale	Signature of Chairperson Laura Hale	Date (mm/dd/yy) 02/10/22
43. Typed or Printed Name of Candidate Stephen M Hale	Signature of Candidate	Date (mm/dd/yy) 02/10/22

FOR OFFICE USE ONLY

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 3-14-1-2). 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).