



**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. →										
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.										
2. Last Name Martin		First Name Gena		Middle Name R		Nickname		3. Type of Committee (Check one) ☒ Candidate's Principal Committee ☐ Exploratory Committee		
4. Mailing Address (number and street, city, state, and ZIP code) 10993 W 550N						5. FAX (Optional)		6. E-mail Address (Optional) Bmartinforhowardcounty@council@gmail.com		
7. City Flora		State IN	ZIP Code 46929	8. County Howard		9. Telephone (Day) 765 210-5582		10. Telephone (Evening)		
11. Party Affiliation ☐ Democratic ☐ Libertarian ☒ Republican ☐ Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Howard County Council				
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.										
13. Full Name of Committee (Do not abbreviate.) ☒ Check if this is a new name Committee To Elect Gena Martin										
14. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 10993 W 550N						15. FAX (Optional)		16. E-mail Address (Optional)		
17. City Flora		State IN	ZIP Code 46929	18. County Howard		19. Telephone 765 210 5581		20. Committee Organization Date (mm/dd/yy) 02/09/20		
21. Chairperson's Full Name ☒ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson. Gena Renee Martin										
22. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 10993 W 550N						23. FAX (Optional)		24. E-mail Address (Optional) Bmartinforhowardcounty@council@gmail.com		
25. City Flora		State IN	ZIP Code 46929	26. County Howard		27. Telephone (Day) 765 210 5582		28. Telephone (Evening)		
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.) First Financial 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.) ☐ Yes ☒ 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. Jay Martin						Signature of the Committee Chairperson Gena R. Martin				
33. Treasurer's Full Name ☐ Designate candidate as treasurer. ☐ Check if this is a new treasurer. Jay Edward Martin										
34. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 10993 W 550N						35. FAX (Optional)		36. E-mail Address (Optional) Bmartinforhowardcounty@council@gmail.com		
37. City Flora		State IN	ZIP Code 46929	38. County Howard		39. Telephone (Day) 765 210 5581		40. Telephone (Evening)		
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 Jay Martin				
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 Gena R. Martin			Signature of Chairperson Gena R. Martin			Date (mm/dd/yy) 2-11-20				
43. Typed or Printed Name of Candidate Gena R. Martin			Signature of Candidate Gena R. Martin			Date (mm/dd/yy) 2-11-20				
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
FILED

FEB 12 2020

DEBBIE STEWART
Clerk Howard Cir. Court