



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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

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 Dodd	First Name Jack
Middle Name Wayne	Nickname
3. Type of Committee (Check one) ☐ Candidate's Principal Committee ☐ Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 2215 Westdale Ct	
7. City Kokomo	State IN
ZIP Code 46901	8. County Howard
9. Telephone (Day) (765) 860-1999	10. Telephone (Evening) (765) 860-1999
11. Party Affiliation ☐ Democratic ☐ Libertarian ☒ Republican ☐ Other	
12. Office Sought (include district number, if any. Not required for an exploratory committee.) County Commissioner #2	
13. Full Name of Committee (Do not abbreviate.) ☐ Check if this is a new name. Friends of Jack Dodd	
14. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 2215 Westdale Ct	
17. City Kokomo	State IN
ZIP Code 46901	18. County Howard
19. Telephone (765) 860-1999	20. Committee Organization Date 02/07/20
21. Chairperson's Full Name ☐ Designate Candidate as Chairperson. ☒ Check if this is a new chairperson. Anthony "Tony" Stewart	
22. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 2215 Westdale Ct	
25. City Kokomo	State IN
ZIP Code 46901	26. County Howard
27. Telephone (Day) (765) 434-2215	28. Telephone (Evening) (765) 434-2215
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.) Harris Bank	
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) 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. Brenda S. Dodd	
33. Treasurer's Full Name ☐ Designate candidate as treasurer. ☒ Check if this is a new treasurer. Brenda S. Dodd	
34. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 2215 Westdale Ct	
37. City Kokomo	State IN
ZIP Code 46901	38. County Howard
39. Telephone (Day) (765) 434-2215	40. Telephone (Evening) (765) 434-2215
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).	
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 Anthony Stewart	Signature of Chairperson <i>Anthony Stewart</i>
43. Typed or Printed Name of Candidate Jack W. Dodd	Signature of Candidate <i>Jack W. Dodd</i>
Date (m/d/yyyy) 02/10/20	Date (m/d/yyyy) 02/11/20
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).	
DEBBIE STEWART Clerk Howard Co. Court	
FEB 11 2020	
FILED	
FOR OFFICE USE ONLY	