



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

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (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? No Yes 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 Davidson		First Name Anthony		Middle Name Paul	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 61 N 14th Ave				5. FAX (Optional)		6. E-mail Address (Optional)	
7. City Beech Grove	State IN	ZIP Code 46107	8. County Marion	9. Telephone (Day) (317) 938 7449		10. Telephone (Evening) (317) 938 7449	
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.) Indianapolis City-County Council, District 21			

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 The Committee to Elect Anthony Davidson							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 61 N 14th Ave				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Beech Grove	State IN	ZIP Code 46107	18. County Marion	19. Telephone (317) 938 7449		20. Committee Organization Date (MM-DD-YY) 01-06-14	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Anthony Paul Davidson							
22. Mailing Address <input type="checkbox"/> Check if this is a new address 61 N 14th Ave				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City Beech Grove	State IN	ZIP Code 46107	26. County Marion	27. Telephone (Day) (317) 938 7449		28. Telephone (Evening) (317) 938 7449	
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.) Huntington 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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. Heather Davidson			Signature of the Committee Chairperson 				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Heather Renee Davidson							
34. Mailing Address <input type="checkbox"/> Check if this is a new address 61 N 14th Ave				35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Beech Grove	State IN	ZIP Code 46107	38. County Marion	39. Telephone (Day) (317) 833 5176		40. Telephone (Evening) (317) 833 5176	

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 Anthony Davidson				
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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.						<p>FOR OFFICE USE ONLY</p> <p>FILED</p> <p>JAN 13 2015</p> <p><i>Myla A. Eldredge</i></p>	
42. Typed or Printed Name of Chairperson Anthony Davidson		Signature of Chairperson 		Date (MM-DD-YY) 01-06-14			
43. Typed or Printed Name of Candidate Anthony Davidson		Signature of Candidate 		Date (MM-DD-YY) 01-06-14			
<p>Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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).</p>							