



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.

								FILE NUMBER
1. IS THIS AN AMENDMENT?	ີ Yes	□ No If Yes.	please e	nter the	file nu	mber in this	box. →	
SECTION A. CANDIDATE I								ataly as possible
2. Last Name	Fire	st Name		dle Name	DOXE	Nickname	iu accura	3. Type of Committee (Check one)
1			1		1	l _	,	☐ Candidate's Principal Committee
Guest	/	Ecijah	-	Joch	(EC.		☐ Exploratory Committee
4. Mailing Address (number and street, city, sta	ate, and Z	IP code)		5. FA	X (Opti	onal)	6. E-mai	I Address (Optional)
6/6 Secretariat	C_{γ}	~ ¥		* (١			
	State	ZIP Code	8. County	· · · · · ·	' 1	9. Telephone <i>(Da</i>		10. Telephone (Evening)
Kalkomo	IN	46901	Hov	vard.		765 960	-8107	76\$ 860-8107
11. Party Affiliation			1,00		Sought	(()	<u> </u>	Not required for an exploratory committee.)
Democratic Libertarian Republi				Hou	ord	Court	Cource	il At-large
SECTION B. COMMITTEE I	NFOF	RMATION: Fill	in all ap	plicable	e box	es as fully a	nd accura	ately as possible.
13. Full Name of Committee (Do not abbro	í	☐ Check if this is a	new name.			,		
	ect :	[[L] (nest					
14. Mailing Address (number and street, city, s	tate, and	ZIP code)	f this is a ne	w address.	15. FA	(Optional)	16. E-ma	ail Address (Optional)
616 Secretariat C					l ()		
	State	ZIP Code	18. Count	y ;		19. Telephone		20. Committee Organization Date
KoKoKno	LNI	96901	Hoa	vard		265 860	-8107	$\sqrt{\frac{mm/dd/yy}{2}}$ $\sqrt{\frac{9}{2}}$
21. Chairperson's Full Name Desig	nate Ca	ndidate as Chairperso		eck if this is	a new c	hairperson.		
Simon Stink			Ū					,
22. Mailing Address (number and street, city, s	tate, and	ZIP code)	f this is a ne	w address.	23. FA	K (Optional)	24. E-ma	ail Address (Optional)
1 2535 Wic	KIR	Shan Pr	<		,	1		
	State	ZIP Code	26. Count	у .	13.	27. Telephone <i>(D</i>	ay) _	28. Telephone (Evening)
1 Lokomo li	$N \mid$	46901	How	مرياً أ		765 398	-79.73	
29. Bank or Other Depositories (List all b	anks or	other depositories in w	10.0		osits fur	ds, holds account	s. rents safety	deposit boxes or maintains funds.)
,								•
30. Exploratory Committee (Give brief stater	nent expla	nining purpose of an explor	atory committee	e only.) 31.	Salarie	and Reimburse	nents (Will th	e committee pay the candidate a salary or
-				rein	nbursen	ent for lost wages	? If Yes, attac	h a copy of the contract.) Yes No
SECTION C. APPOINTMEN	T OF	TREASURER	(IC 3-9-1	-14)				
32. I, as Chairperson of the	foreg	oing Person Appoi				Signal	ure of the Co	ommittee Chairperson
committee, appoint the following	perso	n as	127	2	/ C. ~~			
Treasurer of the Committee. 33. Treasurer's Full Name Designat	e candir	date as treasurer.	Check if the	nis is a new	treasure			
$i \supset \mathcal{A} \cup \mathcal{A}$	\		_ Check ii u	113 13 4 1104	u casare			
34. Mailing Address (number and street, city, s	tale and	ZIP codel Check i	f this is a ne	v addross	25 EA	(Ontional)	26 E m	all Address (Ostional)
132 Conradi	. Λ	the many bottlesky	i illis is a lic	w address.	33. FA	(Ориона)	30. E-111	ail Address (Optional)
	State	ZIP Code	38. County		() 39. Telephone <i>(D</i>	214	40 Telephone (Francisco)
1 , / /-	M	177001		back		765 46		40. Telephone (Evening)
		TO TO	1,10			((by 40	0 20	<u>'</u> ()
SECTION D. ACCEPTANCE 41. I give notice that I accept th	e duti	APPOINTMENT	ilities of	Transura	r of th	is Signature e	Doroon A	nonting Annaluturant
Committee. I am not the chairpe	rson d	f a campaign fin	ance com	mittee (e:	xcept a	as signature o	rerson Ad	cepting Appointment
permitted for a candidate committed	e unde	r IC 3-9-1-7).		`	_			
SECTION E. CERTIFICATION								FOR OFFICE USE ONLY
We certify as the candidate and examined this statement. To the be	the di	uly appointed Ch	airperson bolief it is	of the (Commi	ttee and that	we have	
42. Typed or Printed Name of Chair	person	Signature of	Chairpers	on	ect an	Date (mm/o	d/vv) -	FILED
Simon Stine		Catal	Chi	1/	-	16-16		
43. Typed or Printed Name of Candi	data	Signature of	Candidate					ren.
The state of Callul	ualt	Signature of	Januare			Date (mm/d	~	FEB 1 6 2024
LUI GUEST		1 2/11 J	100			125 119	-29	
Warning: State law requires that any char person who knowingly files a fraudulent re	ange in	this information be re	ported withi	in ten (10)	days of	the change (IC 3	-9-1-10). A	DEBBIE STEWART
accurate report as required by the Indiana	a Campa	aign Finance Law cor	nmits a Cla	ss Bmisde	meanor	понанаю (не ас <i>(IC 3-14-1-14),</i> а	nd may be	Clerk Howard Cir. Court
subject to civil penalties (IC 3-9-4-16, IC 3-9	9-4-17, å	and IC 3-9-4-18).				• *		



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

(CFA-1)

State Form 4604 (R15 / 5-19)

subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

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?	☐ Ye	s No If Yes	s, please	enter th	ie file n	ıumbe	er in this bo	<i>x.</i> →	
SECTION A . CANDIDATE	INFO	PRMATION: Fill	ll in all a	pplicab	ole box		s fully and		ately as possible.
2. Last Name Foster	Fi	First Name ESSIE	Mi	iddle Name			Nickname		3. Type of Committee (Check one) Candidate's Principal Committee Exploratory Committee
 Mailing Address (number and street, city, s 3404 Covey LN 	state, and	ZIP code)		5.1	FAX (Opti	lional)		1	ail Address (Optional) iebennett@yahoo.com
7. city Kokomo	State	ZIP Code 46902	8. Count	-		1	lephone <i>(Day)</i> 5, 419-62	I	10. Telephone (Evening) (765, 4196254
11. Party Affiliation ☑ Democratic Libertarian Reput	Stron F			12. Offic	se Sough	ht (Includ	de district numb		Not required for an exploratory committee.)
SECTION B. COMMITTEE			I in all a				at Large s fully and	l accur	atoly as nossible
13. Full Name of Committee (Do not abb Essie Foster for County	breviate.)	.) 🗹 Check if this is	a new nam	е.	le pos.	- بدرخ	S Tully and	āloba, .	atery as possible.
14. Mailing Address (number and street, city, 3404 Covey LN			if this is a r	new address	s. 15. FA	X (Opti	ional)	16. E-m:	ail Address (Optional)
17. City Kokomo IN	State	ZIP Code 46902	18. Coun	•		1	elephone 5, 419-625	.54	20. Committee Organization Date (mm/dd/yy) 02/07/24
21. Chairperson's Full Name	ignate C	Candidate as Chairperso	 	Check if this	is a new	1			<u> </u>
22. Mailing Address (number and street, city, 11956 W 00 NS	, state, and	d ZIP code) ☐ Check	if this is a n	ew address	s. 23. FA	X (Opti	ional)	24. E-m	nail Address (Optional)
25. City Russiaville	State IN	ZIP Code 46979	26. County Howard			765	elephone <i>(Day)</i> 5 ₎ 252-726	.67	28. Telephone (Evening) (765) 252-7267
29. Bank or Other Depositories (<i>List all</i> Community First Bank o	of Indi	iana			eposits fui	nds, ho	lds accounts, re	nts safety	deposit boxes or maintains funds.)
30. Exploratory Committee (Give brief state N/A			-	re					he committee pay the candidate a salary or ch a copy of the contract.) ☐ Yes ☑ No
SECTION C. APPOINTME	NT OF	FTREASURER	(IC 3-9-	1-14)					
32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee.	g perso	Judith A	A. Ulz				Signetare	officerso	ommittee Chairpelson
Judith A. Ulz		didate as treasurer.							
34. Mailing Address (number and street, city,	, state, and	d ZIP code)	if this is a n	ew address	s. 35. FA	XX (Opti	ional)	1 .	nail Address (Optional)
3650 Meadow View Dr		~···)			z@aol.com
37. City Kokomo	State N	ZIP Code 46902	38. Coun	-			elephone <i>(Day)</i> 3、975-512		40. Telephone (Evening)
		APPOINTMEN	_ 1			(500) 810-012	<u> </u>	₍ 503 ₎ 975-5128
41. I give notice that I accept t	the dut	ties and responsit	ibilities of	f Treasure	rer of t	his S	ignature of P	erson A	ccepting Appointment
Committee. I am not the chairp permitted for a candidate committe	erson (of a campaign fin	nance cor	mmittee (except	as	<i>(</i>)	uh	118
		DE STATEMENT					Hur	ruc	FOR OFFICE USE ONLY
We certify as the candidate and	d the c	duly appointed Ch	hairperso	n of the	Comm	ittee	and that we	have	-
examined this statement. To the be 42. Typed or Printed Name of Chai	est of o	our knowledge and	d belief it is	is true, co	rrectan	ıd con	mplete. Date (mm/dd/yy)		FILED
Michelle Martin	(here-		MA	(7)	+		Date (miruayy	او ـ ا	
13. Typed or Printed Name of Cand	didate	Signature of	(Candida)		Kun	<i>-</i>	Date (mm/dd/yy)	27	FSB 1 6 2024
Essie D. Foster	1166	0	1	<u>,</u>		1	_/_/	111	I EU 1 U EUET
Warning: State law requires that any cl	hange ir	n this information be r	enorted wit	hin ten (1)	n) days c	of the c	2/ 16 July hanne (10/3-9-1	1.40). A	DEBBIE STEWART
person who knowingly files a fraudulent recourate report as required by the Indian	report co	ommits a Level 6 D fel	elony <i>(IC 3-1</i>	·14-1-13). A	A person w	who fails	is to file a comp	olete or	Clerk Howard Cir. Court