



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

(CFA - 1)

State Form 4604 (R12/9-09)  
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**

**7380**

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 Staley		First Name Paula		Middle Name Karol	Nickname		3. Type of Committee (Check only one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 1598 Curly Shingles Rd				5. FAX (Optional)		6. E-mail (Optional) pk3staley@outlook.com		
7. City Nashville		State IN	Zip Code 47448	8. County Brown		9. Telephone (Day) 404-625-0170		10. Telephone (Evening)
11. Party Affiliation Democratic			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) State Representative District 65					

**SECTION B COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Fill name of committee (Do Not abbreviate) Paula Staley For the People for a change <input type="checkbox"/> Check if this is a new name								
14. Mailing Address 1598 Curly Shingles Rd <input type="checkbox"/> Check if this is a new address				15. FAX (Optional)		16. E-mail Address (Optional) pk3staley@outlook.com		
17. City Nashville		State IN	Zip Code 47448	18. County Brown		19. Telephone 404-625-0170		20. Committee Organization Date (MM-DD-YY) 02/07/2020
21. Chairperson's Full Name Paula Karol Staley <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson								
22. Mailing Address 1598 Curly Shingles Rd <input type="checkbox"/> Check if this is a new address				23. FAX (Optional)		24. E-mail Address (Optional) pk3staley@outlook.com		
25. City Nashville		State IN	Zip Code 47448	26. County Brown		27. Telephone (Day) 404-625-0170		28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) PNC								
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.			Person Appointed Treasurer Paula Karol Staley		Signature of the Committee Chairperson			
33. Treasurer's Full Name Paula Karol Staley <input checked="" type="checkbox"/> Designate Candidate as Treasurer <input type="checkbox"/> Check if this is a new Treasurer								
34. Mailing Address 1598 Curly Shingles Rd <input type="checkbox"/> Check if this is a new address				35. FAX (Optional)		36. E-mail Address (Optional) pk3staley@outlook.com		
37. City Nashville		State IN	Zip Code 47448	38. County Brown		39. Telephone (Day) 404-625-0170		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
--	--	---

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the committee that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.			FOR OFFICE USE ONLY Confirm Nbr: 14707 Filed: 2/10/2020 7:03:00AM	
42. Typed or printed name of Chairperson Paula Karol Staley		Signature of Chairperson		
43. Typed or printed name of Candidate Paula Karol Staley		Signature of Candidate	Date (MM-DD-YY)	

**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 Level 6 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, 3-9-4-17, and 3-9-4-18).