



**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**

1. IS THIS AN AMENDMENT?  NO  YES - If YES, please enter the file number in this box

**7337**

**SECTION A CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Yoder		First Name Shelli		Middle Name Renee	Nickname		3. Type of Committee (Check only one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 3516 E Bradley Street				5. FAX (Optional)		6. E-mail (Optional) shellyoder@me.com		
7. City Bloomington		State IN	Zip Code 47401	8. County Monroe		9. Telephone (Day) 812-327-4249		10. Telephone (Evening)
11. Party Affiliation Democratic			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) State Senator District 40					

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

13. Fill name of committee (Do Not abbreviate) Friends of Shelli Yoder								<input type="checkbox"/> Check if this is a new name	
14. Mailing Address PO Box 5194				<input checked="" type="checkbox"/> Check if this is a new address		15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Bloomington		State IN	Zip Code 47407	18. County Monroe		19. Telephone 812-272-8822		20. Committee Organization Date (MM-DD-YY) 01/24/2020	
21. Chairperson's Full Name Shelli Renee Yoder								<input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson	
22. Mailing Address 3516 E Bradley Street				<input type="checkbox"/> Check if this is a new address		23. FAX (Optional)		24. E-mail Address (Optional) shellyoder@me.com	
25. City Bloomington		State IN	Zip Code 47401	26. County Monroe		27. Telephone (Day) 812-327-4249		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.) Old National 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.				Person Appointed Treasurer Dorothy Granger		Signature of the Committee Chairperson					
33. Treasurer's Full Name Dorothy Granger										<input type="checkbox"/> Designate Candidate as Treasurer <input type="checkbox"/> Check if this is a new Treasurer	
34. Mailing Address 511 North Staats Drive				<input checked="" type="checkbox"/> Check if this is a new address		35. FAX (Optional)		36. E-mail Address (Optional)			
37. City Bloomington		State IN	Zip Code 47408	38. County Monroe		39. Telephone (Day) 812-345-9862		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			
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**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: 14643 Filed: 1/24/2020 8:53:00AM				
42. Typed or printed name of Chairperson			Signature of Chairperson			Date (MM-DD-YY)				
43. Typed or printed name of Candidate Shelli Renee Yoder			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).