



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

(CFA - 1)

State Form 4604 (R11/11-05)
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

5604

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

2. Last Name Pence		First Name Linda		Middle Name L.	Nickname	3. Type of Committee (Check only one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address One Indiana Square, Suite 2330				5. FAX (Optional)		6. E-mail (Optional)	
7. City Indianapolis		State IN	Zip Code 46204	8. County Marion		9. Telephone (Day) (317) 750-5757	
10. Telephone (Evening)		11. Party Affiliation Democratic		12. Office Sought (Include district number, if any. Not required for an exploratory committee) Attorney General			

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

13. Fill name of committee (Do Not abbreviate) <input type="checkbox"/> Check if this is a new name Linda Pence for Attorney General							
14. Mailing Address <input type="checkbox"/> Check if this is a new address One Indiana Square, Suite 2330				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Indianapolis		State IN	Zip Code 46204	18. County Marion		19. Telephone (317) 750-5757	
20. Committee Organization Date (MM-DD-YY) 01/15/2008		21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson Joseph H. Hogsett		<input type="checkbox"/> Check if this is a new chairperson			
22. Mailing Address <input type="checkbox"/> Check if this is a new address 10 West Market Street, Suite 2700				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City Indianapolis		State IN	Zip Code 46204	26. County Marion		27. Telephone (Day) (317) 635-8900	
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.) National Bank of Indianapolis					

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only) Considering bid for Attorney General.				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			
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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 Robert Lazard			Signature of the Committee Chairperson Signature Included		
33. Treasurer's Full Name <input type="checkbox"/> Designate Candidate as Treasurer <input type="checkbox"/> Check if this is a new Treasurer Robert Lazard								
34. Mailing Address <input type="checkbox"/> Check if this is a new address 3518 River Crossing Pky, #300, P.O. Box 40977				35. FAX (Optional)			36. E-mail Address (Optional)	
37. City Indianapolis		State IN	Zip Code 46240	38. County Marion		39. Telephone (Day) (317) 569-8989		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: 10430 Filed: 1/15/2008 2:47:00PM		
42. Typed or printed name of Chairperson Joseph H. Hogsett		Signature of Chairperson Signature Included			Date (MM-DD-YY) 01/15/2008
43. Typed or printed name of Candidate Linda L. Pence		Signature of Candidate Signature Included			Date (MM-DD-YY) 01/15/2008

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, 3-9-4-17, and 3-9-4-18).