



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

(CFA-1)

State Form 4604 (R14 / 10-17)
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 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 | | First Name | | Middle Name | | Nickname | | 3. Type of Committee (Check one) | |
| | | | | | | | | <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee | |
| 4. Mailing Address (number and street, city, state, and ZIP code) | | | | | 5. FAX (Optional) | | 6. E-mail Address (Optional) | | |
| | | | | | | | | | |
| 7. City | | State IN | ZIP Code | 8. County | | 9. Telephone (Day) | | 10. Telephone (Evening) | |
| | | | | | | | | | |
| 11. Party Affiliation | | | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) | | | | |
| <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other _____ | | | | | | | | | |

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. | | | | | | | | | |
| | | | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | | | 15. FAX (Optional) | | 16. E-mail Address (Optional) | | |
| | | | | | | | | | |
| 17. City | | State | ZIP Code | 18. County | | 19. Telephone | | 20. Committee Organization Date (mm/dd/yy) | |
| | | | | | | | | | |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. | | | | | | | | | |
| | | | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | | | 23. FAX (Optional) | | 24. E-mail Address (Optional) | | |
| | | | | | | | | | |
| 25. City | | State | ZIP Code | 26. County | | 27. Telephone (Day) | | 28. Telephone (Evening) | |
| | | | | | | | | | |
| 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.) | | | | | | | | | |
| | | | | | | | | | |
| 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 type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | | | | | | | | |

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 | | | Signature of the Committee Chairperson | | |
| | | | | | | | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. | | | | | | | | |
| | | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | | | 35. FAX (Optional) | | 36. E-mail Address (Optional) | |
| | | | | | | | | |
| 37. City | | State | ZIP Code | 38. County | | 39. Telephone (Day) | | 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 and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

| | | |
|--|--------------------------|-----------------|
| 42. Typed or Printed Name of Chairperson | Signature of Chairperson | Date (mm/dd/yy) |
| | | |
| 43. Typed or Printed Name of Candidate | Signature of Candidate | Date (mm/dd/yy) |
| | | |

FOR OFFICE USE ONLY

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 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).

INSTRUCTIONS FOR COMPLETING THIS FORM

This is a dual purpose form. The most common use of this form is to designate a candidate's principal committee in which the candidate is both the chairperson and treasurer. The form enables the candidate to organize and at the same time designate the candidate's principal committee as required by IC 3-9-1-3, IC 3-9-1-4 & IC 3-9-1-5.

The form also allows a person exploring opportunities for seeking a political office but who has not definitely decided to be a candidate for a particular office to organize an exploratory committee. If the candidate is not yet a candidate for a **specific** office, check "exploratory committee" under Section A 3. When the candidate **does** become a candidate for a specific office, an amended CFA-1 must be filed.

The preparer should **type or print legibly in black ink** all information on this form. If more space is needed please attach additional sheets. All versions of State Form 4604 prior to revision (R10/10-01) are obsolete and cannot be used (IC 3-5-4-8). State law requires that any changes on this form must be reported **WITHIN TEN (10) DAYS OF THE CHANGE**.

ITEM 1. IS THIS AN AMENDMENT? Check the appropriate box. If "YES" is checked, enter the file number in the file number box and go on to Section A. If "NO" is checked, proceed directly to Section A.

SECTION A. CANDIDATE INFORMATION: Enter the name of the candidate, as set forth in the candidate's voter registration record and any nickname the candidate uses.

TYPE OF COMMITTEE. See second paragraph above. Be sure to enter the full and current address and the ZIP Code+4, if known. Under party affiliation, enter the party the candidate supports. If no party is supported, enter "Independent." A "Write-In" candidate should follow the same procedure; do not write "Write-In."

OFFICE BEING SOUGHT. Enter the full name of that office. For example, "Indiana State Senator, District ____." ***This box is not required to be completed by an exploratory committee.***

SECTION B. COMMITTEE INFORMATION: Do not use any abbreviations in the committee name. Check the new name box if this is a new name. Be sure to enter the full and current mailing address. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise.

Check the new address if appropriate. Enter the ZIP Code+4, if known, in all boxes calling for the ZIP Code. The date the committee was organized may be the date the candidate publicly announced, filed a declaration of candidacy, solicited or accepted contributions, or made an expenditure. (IC 3-5-2-6)

ITEM 16. COMMITTEES FILING WITH THE INDIANA ELECTION DIVISION ONLY: Committees that file campaign finance reports with the Indiana Election Division and wish to file these reports electronically may contact the Election Division at (800) 622-4941 or at the e-mail address campaignfinance@iec.in.gov for further information.

ITEM 21. Chairperson. This may be the candidate. However, the chairperson may not be the treasurer of any other campaign finance committee except in the case of the candidate's committee. Check if this is a new chairperson or new information.

ITEM 29. Bank or Other Depositories. If a candidate's committee accepts contributions or makes expenditures on an aggregate amount of more than two hundred dollars (\$200) in a year, all funds of a committee must be segregated from, and may not be commingled with, the personal funds of officers, members or associates of the committee. (IC 3-9-2-9)

ITEM 30. Exploratory Committee. Enter a brief statement explaining the purpose of this committee. Example: "To receive and expend funds to explore the opportunities for elected office."

ITEM 31. Salaries and Reimbursements. Pursuant to Indiana Election Commission Advisory Opinion 2001-01, attach a copy of any contract between the committee and the candidate permitting salary and reimbursement payments.

SECTION C. APPOINTMENT OF TREASURER:

ITEM 32. Treasurer. The treasurer must be a U.S. citizen and may not be the chairperson of any other campaign finance committee except in the case of a candidate's committee. The treasurer's duties and responsibilities are discussed in detail in the Instruction Manual for the Indiana Campaign Finance Act (*current edition*). Check if this is a new treasurer or new information. This section must be completed in its entirety by the committee chairperson.

SECTION D. ACCEPTANCE OF APPOINTMENT: The treasurer must provide the treasurer's written signature verifying acceptance of the duties and responsibilities as committee treasurer.

SECTION E. CERTIFICATION OF STATEMENT: The chairperson and candidate must enter their typed or printed names, written signatures and date signed in this section.

Note: If the candidate and the chairperson are the same only one signature is necessary.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES

This form must be filed **electronically** with the Election Division. Contact 1-800-622-4941 for more information.

WARNING: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4 and IC 3-9-1-12)