



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

**(CFA-1)**

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 enter the file number in this box. →

32-25-052

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

2. Last Name Decker	First Name Jerry	Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 4652 Katei Lane		5. FAX (Optional) ( )		6. E-mail Address (Optional)	
7. City Coatesville	State IN	ZIP Code 46121	8. County Hendricks	9. Telephone (Day) (317) 437-6919	10. Telephone (Evening) ( ) Same
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other Independent			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Council Member Town of Coatesville		

**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. Committee To Elect Jerry Decker Town Council Member Town of Coatesville					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4652 Katei Lane		15. FAX (Optional) ( )		16. E-mail Address (Optional)	
17. City Coatesville	State IN	ZIP Code 46121	18. County Hendricks	19. Telephone (317) 437-6919	20. Committee Organization Date (mm/dd/yy) 06/23/2025
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jerry Decker					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4652 Katei Lane		23. FAX (Optional) ( )		24. E-mail Address (Optional)	
25. City Coatesville	State IN	ZIP Code 46121	26. County Hendricks	27. Telephone (Day) (317) 437-6919	28. Telephone (Evening) ( ) Same
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.) None					
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 checked="" 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 Jerry Decker	Signature of the Committee Chairperson <i>Jerry Decker</i>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Jerry Decker		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4652 Katei Lane		35. FAX (Optional) ( )
36. E-mail Address (Optional)	37. City Coatesville	State IN
38. ZIP Code 46121	38. County Hendricks	39. Telephone (Day) (317) 437-6919
40. Telephone (Evening) ( ) Same		

**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 <i>Jerry Decker</i>
--	--

**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 Jerry Decker	Signature of Chairperson <i>Jerry Decker</i>	Date (mm/dd/yy) 06/23/2025
43. Typed or Printed Name of Candidate Jerry Decker	Signature of Candidate <i>Jerry Decker</i>	Date (mm/dd/yy) 06/23/2025

**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).

**FOR OFFICE USE ONLY**

FILED  
JUL - 1 PM 2:54  
TANGIER, IN  
DEMOCRATIC