



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
State Form 4604 (R15 / 5-19)  
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

										FILE NUMBER
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →										32-26-017
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>										
2. Last Name Keeslar		First Name Christopher		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) 935 Hearthside Dr Brownsburg 46112						5. FAX (Optional)		6. E-mail Address (Optional)		
7. City Brownsburg		State IN	ZIP Code 46112	8. County Hendricks		9. Telephone (Day) (317) 496-3048		10. Telephone (Evening)		
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) town Council of Brownsburg				
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>										
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Keeslar for town Council										
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 935 Hearthside Dr Brownsburg IN						15. FAX (Optional)		16. E-mail Address (Optional)		
17. City Brownsburg		State IN	ZIP Code 46112	18. County Hendricks		19. Telephone (317) 496-3048		20. Committee Organization Date (mm/dd/yy)		
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Christopher Keeslar										
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 935 Hearthside Dr						23. FAX (Optional)		24. E-mail Address (Optional)		
25. City Brownsburg		State IN	ZIP Code 46112	26. County Hendricks		27. Telephone (Day) (317) 496-3048		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.) Hendricks County Bank and Trust										
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				
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>										
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.						Person Appointed Treasurer Christopher Keeslar		Signature of the Committee Chairperson <i>Christopher Keeslar</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Christopher Keeslar										
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 935 Hearthside Dr						35. FAX (Optional)		36. E-mail Address (Optional)		
37. City Brownsburg		State IN	ZIP Code 46112	38. County Hendricks		39. Telephone (Day) (317) 496-3048		40. Telephone (Evening)		
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>										
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>Christopher Keeslar</i>				
<b>SECTION E. CERTIFICATION OF STATEMENT</b>										
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 Christopher Keeslar			Signature of Chairperson <i>Christopher Keeslar</i>				Date (mm/dd/yy) 2-5-2026			
43. Typed or Printed Name of Candidate Christopher Keeslar			Signature of Candidate <i>Christopher Keeslar</i>				Date (mm/dd/yy) 2-5-2026			
<b>Warning:</b> 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).										

FILED  
CLERK OF HENDRICKS COUNTY  
FEB-5 AM 11:56  
Maggie Pike