



**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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →						32-26-022	
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>							
2. Last Name Basham		First Name Ryan		Middle Name C.		Nickname Bash	
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) 5013 west Bay Ct.				5. FAX (Optional) ( ) / /		6. E-mail Address (Optional) ryan@bashamconstruction.com	
7. City Plainfield		State IN		ZIP Code 46168		8. County Hendricks	
9. Telephone (Day) 317, 778-4370		10. Telephone (Evening) 317, 778-4370					
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.) #2 Plainfield town council			
<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. Ryan Basham for Plainfield town council							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5013 west Bay Ct.						15. FAX (Optional) ( )	
16. E-mail Address (Optional) ryan@bashamconstruction.com							
17. City Plainfield		State IN		ZIP Code 46168		18. County Hendricks	
19. Telephone (Day) 317, 778-4370		20. Committee Organization Date (mm/dd/yy)					
21. Chairperson's Full Name <input checked="" 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.) Chase 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 type="checkbox"/> Yes <input 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 Signature of the Committee Chairperson	
33. Treasurer's Full Name <input checked="" 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)					
<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	
<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		Signature of Chairperson				Date (mm/dd/yy)	
43. Typed or Printed Name of Candidate		Signature of Candidate				Date (mm/dd/yy)	
Ryan C. Basham						02/05/24	
<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).							

**FOR OFFICE USE ONLY**

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FEB-5 PM 2:24  
Maggie Pire