



**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. →

32-23-37

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

2. Last Name CULLEY		First Name JOHN		Middle Name WALTER		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) 4984 S STRD39						5. FAX (Optional) ( )		6. E-mail Address (Optional)			
7. City CLAYTON		State IN		ZIP Code 46118		8. County HENDRICKS		9. Telephone (Day) 317 690 2495		10. Telephone (Evening) 317 690 2495	
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 BOARD					

**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 RE-ELECT JOHN CULLEY											
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4984 S STRD39						15. FAX (Optional) ( )		16. E-mail Address (Optional)			
17. City CLAYTON		State IN		ZIP Code 46118		18. County HENDRICKS		19. Telephone 317 690 2495		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. JOHN WALTER CULLEY											
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4984 S STRD39						23. FAX (Optional) ( )		24. E-mail Address (Optional)			
25. City CLAYTON		State IN		ZIP Code 46118		26. County HENDRICKS		27. Telephone (Day) 317 690 2495		28. Telephone (Evening) 317 690 2495	
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 JOHN W CULLEY		Signature of the Committee Chairperson <i>John W Culley</i>					
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. JOHN WALTER CULLEY											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4984 S STRD39				35. FAX (Optional) ( )		36. E-mail Address (Optional)					
37. City CLAYTON		State IN		ZIP Code 46118		38. County HENDRICKS		39. Telephone (Day) 317 690 2495		40. Telephone (Evening) 317 690 2495	

**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 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 JOHN W CULLEY		Signature of Chairperson <i>John W Culley</i>		Date (mm/dd/yy) 2/9/23	
43. Typed or Printed Name of Candidate JOHN W CULLEY		Signature of Candidate <i>John W Culley</i>		Date (mm/dd/yy) 2/9/23	

**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  
02 FEB -9 AM 10:42  
Morgan Pike  
CLAYTON, IN  
HENDRICKS COUNTY