



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)

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

				_				FIL	E NUME	BER
1. IS THIS AN AMENDMENT? [Yes	☐ No If Yes,	please ei	nter the file i	numbe	er in this box	ı. →	32-á	20-00	13
SECTION A. CANDIDATE I										
2. Last Name		st Name		lle Name		Nickname		3. Type	of Committee	e (Check one)
Walsh		Joseph				Joe		1-	didate's Princi oratory Comm	pal Committee
4. Mailing Address (number and street, city, state, and ZIP code)				5. FAX (Optional)			6. E-mail Address (Optional)			
PO Box 1230 SJ									mail con	
	State	ZIP Code	8. County		9. Tele	sphone (Day)		10, Teleph	one (Evening	mail.com
	IN	46117	Hon	dricks	1,317	7.436 41	043	1371	925 4	043
11. Party Affiliation		101.0		12. Office Soug	ht (Inclu	de district numbe	er, if any.	Not required to	or an explorat	ory committee.)
Brown 5 bury IN 46117 Handrick (317) 435 4043 (317) 435 4043 11. Party Affiliation 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Democratic Libertarian Republican Other County Council										
SECTION B. COMMITTEE I	INFO	RMATION: <i>Fill</i>	in all ap _l	olicable bo	kes as	s fully and	accur	ately as p	ossible.	
13. Full Name of Committee (Do not abbr										
Joe Walsh Cay 14. Mailing Address (number and street, city, s	n pa	1941 Chacké	thin in a nou	address 15 E	AV (Onf	ionali	16 E.m	ail Address (Ontional)	
D(1 17 (2) (17 3 ()	state, and	zir code) 🔲 Check i	INS IS & HEW	audiess. 13. r	AA (Opi	ionarj		all Addices (V	optionary	
17 City	State	ZIP Code	18. County) 19. Te	lephone		20. Committ	ee Organizat	ion Date
PUBOX [230] 17. City Browns hury 21. Chairperson's Full Name Design	IN	46117	Honda	ick =	1,3,5	1985 40	43	(mm/dd/yy)	1/22/	24
21 Chalmerson's Full Name Di Desig	nate Ca	ndidate as Chairperso	n. ☐ Che	ck if this is a new	chairpe	rson.	`	1	. 1 - 1	- (
loserh M.	lana	1/2/54								
JOSABH Mic 22. Mailing Address (number and street, city, s	state, and	ZIP code)	this is a new	address. 23. F	AX (Opt	ional)	24. E-m	ail Address (C	Optional)	
25. City	State	ZIP Code	26. County		27. Te	lephone (Day)		28. Teleph	one (Evening)
PU BOX 1230 25. City Brownshurg	IN	46112	Hen	dricks	(317	195540	243	()		
29. Bank or Other Depositories (List all b	anks or	other depositories in w	hich the com	mittee deposits f	unds, ho	lds accounts, re	nts safety	deposit boxe	s or maintains	funds.)
Hunting tou	دا ب	ant								
30. Exploratory Committee (Give brief states	nent expla	aining purpose of an explore	tory committee			Reimbursemen r lost wages? If \				
				101111001100	andra 10	noor wageer in	00, 01100	in a copy or an		
SECTION C. APPOINTMEN	TOF	TREASURER	IC 3-9-1-	14)		Clausetuse	-6 th - 6	Complete a Cha	l	
32. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee.								irperson		
Treasurer of the Committee. 33. Treasurer's Full Name Designa	PCIOO	Jo sep	h h	9194			//ν			
33. Treasurer's Full Name Designa	te candi	date as treasurer.	Check if the	s is a new treası	irer.	l				
		710 13 PH 01 11			- V (O-4	f n	20 E	-11 0 414 //	3-42	
34. Mailing Address (number and street, city, s	itate, and	ZIP code) ☐ Check ff	this is a new	address. 35. F	AX (Opt	ionai)	36, E-M	all Address (()ptionai)	
27 Ch.	State	ZIP Code	38, County	() 30 To	lephone (Day)		40 Teleph	one (Evening	ı)
37. City	State	ZIF Code	36, County		30. 16			, relapin	one (Evening	,
SECTION D. ASSEDTANCE	- OF	ADDOINTMENT	(10.2.0	1 15\	1()		()		
SECTION D. ACCEPTANCE 41. I give notice that I accept the	e duti	APPOINTMENT	ilities of	reasurer of	this Ci	anature of Pe	rson A	ccenting Ap	pointment	
	re dun				THIS IS				,	
Committee. I am not the chairpe	rson c	of a campaign fina				//1	19_			
permitted for a candidate committe	rson c e unde	of a campaign fina or IC 3-9-1-7).				//w	٤	EOP O	EEICE HEI	E ONLY
permitted for a candidate committe SECTION E. CERTIFICATION	rson de e unde DN O	of a campaign fina or IC 3-9-1-7). F STATEMENT	ance comr	nittee (except	as	//w	2	FOR O	FFICE USI	E ONLY
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and	rson of e unde DN O	of a campaign fine of IC 3-9-1-7). STATEMENT of appointed the characteristic of the control of	ance comr	of the Comm	as nittee	and that we	have	FOR O	FFICE USI	E ONLY
permitted for a candidate committe SECTION E. CERTIFICATION	rson of e unde DN O the d st of o	of a campaign fine or IC 3-9-1-7). STATEMENT uly appointed Ch ur knowledge and	ance comr airperson belief it is t	of the Comm	as nittee	and that we nplete.	have	FOR O	۸.	ONLY
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the be 42. Typed or Printed Name of Chair	rson of e under on O of the design of the de	of a campaign fine or IC 3-9-1-7). STATEMENT uly appointed Ch ur knowledge and	ance comr airperson belief it is t	of the Comm	as nittee	and that we	have	ŧ	۸.	
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the be 42. Typed or Printed Name of Chair Joseph Wals 4 43. Typed or Printed Name of Cand	rson of e under on O of the design of the de	of a campaign fine or IC 3-9-1-7). STATEMENT uly appointed Ch ur knowledge and	airperson belief it is Chairperso	of the Comm	as nittee	and that we nplete.	have	ŧ	۸.	
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the be 42. Typed or Printed Name of Chair Joseph Wals 4 43. Typed or Printed Name of Cand	rson of e under on O of the design of the de	of a campaign final or IC 3-9-1-7). STATEMENT uly appointed Chur knowledge and Signature of Charles	airperson belief it is Chairperso	of the Comm	as nittee	and that we nplete. Date (mm/dd/yy) 6 i/22/2	have	ŧ	۸.	
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the be 42. Typed or Printed Name of Chair Joseph Wales 43. Typed or Printed Name of Cand Joseph Vales 45. He Warning: State law requires that any che	rson ce under DN OF the d st of opersor	of a campaign final ric 3-9-1-7). STATEMENT uly appointed Chur knowledge and Signature of Chicken Signature of Ch	airperson belief it is Chairperso Candidate	of the Communication of the Co	nittee and com	and that we nplete. Date (mm/dd/y/) Date (mm/dd/y/) Date (mm/dd/y/)	have	ŧ	EU 2024 JAN 22	
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the be 42. Typed or Printed Name of Chair Joseph Walsh 43. Typed or Printed Name of Cand Joseph Valsh Warning: State law requires that any choperson who knowingly files a fraudulent re-	rson ce under DN OF the d st of opersor	of a campaign final ric 3-9-1-7). STATEMENT uly appointed Chur knowledge and signature of this information be seminis a Level 6 D/feld	airperson belief it is charperson and date	of the Communication of the Co	nittee and con	and that we nplete. Date (mm/dd/yy) 6 i/22/2 Date (mm/dd/yy) 6 i/22/2 Date (mm/dd/yy) 5 i/22/2 Date (i/C 3-9-1-s to file a comp	have	ŧ	2024 JAN 22	
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the be 42. Typed or Printed Name of Chair Joseph Wales 43. Typed or Printed Name of Cand Joseph Vales 45. He Warning: State law requires that any che	rson ce under on of the dot st of or person idate	of a campaign final ric 3-9-1-7). STATEMENT uly appointed Chur knowledge and in Signature of the Signature of this information be seminits a Level 6 D'fele aign Finance Law compared to the sign Fin	airperson belief it is charperson and date	of the Communication of the Co	nittee and con	and that we nplete. Date (mm/dd/yy) 6 i/22/2 Date (mm/dd/yy) 6 i/22/2 Date (mm/dd/yy) 5 i/22/2 Date (i/C 3-9-1-s to file a comp	have	ŧ	2024 JAN 22 AH	
permitted for a candidate committed SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the be 42. Typed or Printed Name of Chair Joseph Waley 4 43. Typed or Printed Name of Cand Joseph Valey 4 Warning: State law requires that any cherson who knowingly files a fraudulent reaccurate report as required by the Indiana	rson ce under on of the dot st of or person idate	of a campaign final ric 3-9-1-7). STATEMENT uly appointed Chur knowledge and in Signature of the Signature of this information be seminits a Level 6 D'fele aign Finance Law compared to the sign Fin	airperson belief it is charperson and date	of the Communication of the Co	nittee and con	and that we nplete. Date (mm/dd/yy) 6 i/22/2 Date (mm/dd/yy) 6 i/22/2 Date (mm/dd/yy) 5 i/22/2 Date (i/C 3-9-1-s to file a comp	have	FOR O	2024 JAN 22	ONLY CHROFTHEHAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX