



**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. → 32-25-011					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name CULLEY		First Name JOHN		Middle Name W	
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) 4986 SST RD 39		5. FAX (Optional)		6. E-mail Address (Optional)	
7. City INDO	State IN	ZIP Code 46118	8. County HENRICKS	9. Telephone (Day) 317 690 2495	10. Telephone (Evening) 317 690 2495
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)		
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. CULLEY					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4986 SST RD 39			15. FAX (Optional)		16. E-mail Address (Optional)
17. City CLAYTON	State IN	ZIP Code 46118	18. County HENRICKS	19. Telephone 317 690 2495	20. Committee Organization Date (mm/dd/yy) 6/24/25
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. CULLEY					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4986 SST RD 39			23. FAX (Optional)		24. E-mail Address (Optional)
25. City CLAYTON	State IN	ZIP Code 46118	26. County HENRICKS	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.) FIRST NATIONAL 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 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 JOHN CULLEY		
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			Signature of the Committee Chairperson John W Cully		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4986 SST RD 39			35. FAX (Optional)		36. E-mail Address (Optional)
37. City CLAYTON	State IN	ZIP Code 46118	38. County HENRICKS	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 John W Cully		
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 John W Cully		Date (mm/dd/yy) 6/24/25	
43. Typed or Printed Name of Candidate JOHN W CULLEY		Signature of Candidate John W Cully		Date (mm/dd/yy) 6/24/25	
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

Margie Pile

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CLERK OF THE INDIANA COURT