



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. →

3220024

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

| | | | | | |
|--|---------------------|--------------------|---|---|---|
| 2. Last Name Sadler III | First Name Henry | Middle Name Lee | Nickname Jack | 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) 640 Oak Tree Lane | | | 5. FAX (Optional) () | 6. E-mail Address (Optional) sadlerforsheriff2022@gmail.com | |
| 7. City Danville | State IN | ZIP Code 46122 | 8. County Hendricks | 9. Telephone (Day) (317) 625-7073 | 10. Telephone (Evening) (317) 625-7073 |
| 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. Sadler for Sheriff | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. PO Box 115 | | | 15. FAX (Optional) () | 16. E-mail Address (Optional) sadlerforsheriff2022@gmail.com | |
| 17. City Danville | State IN | ZIP Code 46122 | 18. County Hendricks | 19. Telephone (317) 625-7073 | 20. Committee Organization Date (mm/dd/yy) 07/23/2020 |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Autumn Leigh Bucy | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 262 Meadow Dr | | | 23. FAX (Optional) () | 24. E-mail Address (Optional) autbucy@bellsouth.net | |
| 25. City Danville | State IN | ZIP Code 46122 | 26. County Hendricks | 27. Telephone (Day) (812) 229-9230 | 28. Telephone (Evening) (812) 229-9230 |
| 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.) North Salem State 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. Christopher DiBenedetto | Signature of the Committee Chairperson <i>Christopher DiBenedetto</i> , Treasurer | | | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Christopher DiBenedetto | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1495 Heather Brooke Lane | 35. FAX (Optional) () | 36. E-mail Address (Optional) cdibenedetto54@gmail.com | | | |
| 37. City Danville | State IN | ZIP Code 46122 | 38. County Hendricks | 39. Telephone (Day) (317) 979-0381 | 40. Telephone (Evening) (317) 979-0381 |

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 |
|--|---|

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 Autumn L Bucy | Signature of Chairperson <i>Autumn Bucy</i> | Date (mm/dd/yy) 1/11/26 |
| 43. Typed or Printed Name of Candidate Henry L Sadler | Signature of Candidate <i>Henry L Sadler</i> | Date (mm/dd/yy) 1/11/26 |

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

2025 JAN 13 AM 11:24
FILED
JAN 13 2025
MAYOR'S FIVE