



**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.)  Check if this is a new name.**

Sadler for Sheriff

14. Mailing Address (number and street, city, state, and ZIP code) PO Box 115			<input checked="" type="checkbox"/> Check if this is a new address.	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) 262 Meadow Dr			<input type="checkbox"/> Check if this is a new address.	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.)**  Yes  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 Christopher DiBenedetto	Signature of the Committee Chairperson <i>SB</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) 1495 Heather Brooke Lane					
<input type="checkbox"/> Check if this is a new address.	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).

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FOR OFFICE USE ONLY  
Majorie Pate  
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INDIANA ELECTION DIVISION