



**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. →

32-26-012

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

2. Last Name ELMORE	First Name DOUGLAS	Middle Name DAVID	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) 1335 LAUREL OAK DR.		5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City AVON	State IN	ZIP Code 46123	8. County HENDRICKS	9. Telephone (Day) (317) 491-2453	10. Telephone (Evening) (317) 491-2453
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.) AVON TOWN COUNCIL WARD 1		

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.

ELMORE FOR TOWN COUNCIL

14. Mailing Address (number and street, city, state, and ZIP code) 1335 LAUREL OAK DR.			15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City AVON	State IN	ZIP Code 46123	18. County HENDRICKS	19. Telephone (317) 491-2453	20. Committee Organization Date (mm/dd/yy) 1/23/2026
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.					
22. Mailing Address (number and street, city, state, and ZIP code) 1683 LOCUST LANE			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City	State	ZIP Code	26. County	27. Telephone (Day) ()	28. Telephone (Evening) ()

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.)

HENDRICKS COUNTY BANK & TRUST

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
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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 STEVEN BLACKETER	Signature of the Committee Chairperson <i>John D. Blacketer</i>
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. STEVEN D. BLACKETER		
34. Mailing Address (number and street, city, state, and ZIP code) 1683 LOCUST LANE		

37. City AVON	State IN	ZIP Code 46123	38. County HENDRICKS	39. Telephone (Day) (317) 753-5317	40. Telephone (Evening) (317) 753-5317
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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 <i>Steven D. Blacketer</i>
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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 DOUGLAS D. ELMORE	Signature of Chairperson <i>John D. Elmore</i>	Date (mm/dd/yy) 01/29/26
43. Typed or Printed Name of Candidate DOUGLAS D. ELMORE	Signature of Candidate <i>John D. Elmore</i>	Date (mm/dd/yy) 01/29/26

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
Marjorie Pike
2026 JAN 29 AM 8:11
FILED
CLERK OF THE HENDRICKS COUNTY