



**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. → 32-26-010**

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

2. Last Name Murphy	First Name James	Middle Name F	Nickname Jim	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 10726 N. State Road 267	5. FAX (Optional) ( )	6. E-mail Address (Optional)
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7. City Brownsburg	State IN	ZIP Code 46112	8. County	9. Telephone (Day) (317) 640 1129	10. Telephone (Evening) ( )
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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.) Brown Township Trustee, Hendricks County; BROWNjim
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**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.**

Jim Murphy for Trustee

14. Mailing Address (number and street, city, state, and ZIP code) 10726 N. State Road 267	<input type="checkbox"/> Check if this is a new address. ( )	15. FAX (Optional)	16. E-mail Address (Optional)
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17. City Brownsburg	State IN	ZIP Code 46112	18. County Hendricks	19. Telephone (317) 640 1129	20. Committee Organization Date (mm/dd/yy) 01/21/26
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**21. Chairperson's Full Name  Designate Candidate as Chairperson.  Check if this is a new chairperson.**

James F (Jim) Murphy

22. Mailing Address (number and street, city, state, and ZIP code) 10726 N. State Road 267	<input type="checkbox"/> Check if this is a new address. ( )	23. FAX (Optional)	24. E-mail Address (Optional)
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25. City Brownsburg	State IN	ZIP Code 46112	26. County Hendricks	27. Telephone (Day) (317) 640 1129	28. Telephone (Evening) ( )
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**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.)**  
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
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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 James F (Jim) Murphy	Signature of the Committee Chairperson
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**33. Treasurer's Full Name  Designate candidate as treasurer.  Check if this is a new treasurer.**

James F (Jim) Murphy

34. Mailing Address (number and street, city, state, and ZIP code) 10726 N. State Road 267	<input type="checkbox"/> Check if this is a new address. ( )	35. FAX (Optional)	36. E-mail Address (Optional)
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37. City Brownsburg	State IN	ZIP Code 46112	38. County Hendricks	39. Telephone (Day) (317) 640 1129	40. Telephone (Evening) ( )
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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
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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 James F (Jim) Murphy	Signature of Chairperson James F. Murphy	Date (mm/dd/yy) 01/21/26
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43. Typed or Printed Name of Candidate James F (Jim) Murphy	Signature of Candidate James F. Murphy	Date (mm/dd/yy) 01/21/26
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**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).

5 JAU 22 AM 8:42  
Majorie Pyle  
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CLERK