



**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. →

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

2. Last Name Malloy	First Name Julie	Middle Name Marie	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) 5916 S County Road 525 W			5. FAX (Optional) ()		6. E-mail Address (Optional)
7. City Coatesville	State IN	ZIP Code 46121	8. County Hendricks	9. Telephone (Day) (317) 242-8649	10. Telephone (Evening) (317) 242-8649
11. Party Affiliation <input checked="" 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.) Clay Township Trustee		

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.

Committee to elect Julie Malloy Clay Township Trustee

14. Mailing Address (number and street, city, state, and ZIP code) 5916 S County Rd 525 W	<input type="checkbox"/> Check if this is a new address.		15. FAX (Optional) ()	16. E-mail Address (Optional)
17. City Coatesville	State IN	ZIP Code 46121	18. County Hendricks	19. Telephone (317) 242-8649
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Lea Agarcid			20. Committee Organization Date (mm/dd/yy) 02/03/2026	
22. Mailing Address (number and street, city, state, and ZIP code) 5916 S County Rd 525 W			23. FAX (Optional) ()	24. E-mail Address (Optional)
25. City Coatesville	State IN	ZIP Code 46121	26. County Hendricks	27. Telephone (Day) ()

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 Julie Malloy	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.

34. Mailing Address (number and street, city, state, and ZIP code)	<input type="checkbox"/> Check if this is a new address.		35. FAX (Optional) ()	36. E-mail Address (Optional)
37. City	State	ZIP Code	38. County	39. Telephone (Day) ()
				40. Telephone (Evening) ()

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 Julie Malloy	Signature of Chairperson 	Date (mm/dd/yy) 2/2/26
43. Typed or Printed Name of Candidate Julie Malloy	Signature of Candidate 	Date (mm/dd/yy) 2/2/26

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

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Marjorie Pike

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