



**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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. → <b>32-26-013</b>					
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
2. Last Name <b>McCollum</b>	First Name <b>Chad</b>	Middle Name <b>Wm</b>	Nickname		
4. Mailing Address (number and street, city, state, and ZIP code) <b>6847 Crown DR</b>			5. FAX (Optional) ( )	6. E-mail Address (Optional)	
7. City <b>Brownsburg</b>	State <b>IN</b>	ZIP Code <b>46112</b>	8. County <b>Henryville</b>	9. Telephone (Day) <b>(317) 796-7813</b>	10. Telephone (Evening) ( )
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.) <b>Brown Township Trustee</b>		
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. <b>Elect Chad McCollum Brown TRUSTEE</b>					
14. Mailing Address (number and street, city, state, and ZIP code)			<input type="checkbox"/> Check if this is a new address.		15. FAX (Optional) ( )
17. City	State	ZIP Code	18. County	19. Telephone ( )	20. Committee Organization Date (mm/dd/yy)
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)			<input type="checkbox"/> Check if this is a new address.		23. FAX (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.) <b>State Bank of Linton</b>					
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		
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer <b>Chad McCollum</b>			Signature of the Committee Chairperson <b>Chad McCollum</b>	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> 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) ( )
37. City	State	ZIP Code	38. County	39. Telephone (Day) ( )	40. Telephone (Evening) ( )
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>					
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 <b>Chad McCollum</b>	
<b>SECTION E. CERTIFICATION OF STATEMENT</b>					
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 <b>Chad McCollum</b>	Signature of Chairperson <b>Chad McCollum</b>			Date (mm/dd/yy) <b>1-30-26</b>	
43. Typed or Printed Name of Candidate <b>Chad McCollum</b>	Signature of Candidate <b>Chad McCollum</b>			Date (mm/dd/yy) <b>1-30-26</b>	
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  
**Chad McCollum**  
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CLERK OF THE HENDRICKS COUNTY CLERK  
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