



**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)

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CLERK OF THE HENDRICKS COUNTY

2026 JAN 30 AM 8:07

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

FILE NUMBER  
*Marjorie Rice*

**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 <i>McCollum</i>	First Name <i>Chad</i>	Middle Name 	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) <i>6847 Crown DR</i>		5. FAX (Optional) ( )		6. E-mail Address (Optional) <i>chadmccollum67@gmail.com</i>
7. City <i>Brownsburg</i>	State <i>IN</i>	ZIP Code <i>46012</i>	8. County <i>Hendricks</i>	9. Telephone (Day) <i>(317) 244-7813</i>
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.) <i>Brown Township Trustee</i>				

**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.

*Select McCollum Brown Township Trustee*

14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				15. FAX (Optional) ( )	16. E-mail Address (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) ( )	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.)  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 <i>Chad McCollum</i>	Signature of the Committee Chairperson <i>Chad McCollum</i>			
33. Treasurer's Full Name <input 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) ( )	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  
*Chad McCollum*

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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 <i>Chad McCollum</i>	Signature of Chairperson <i>Chad McCollum</i>	Date (mm/dd/yy) <i>2-2-26</i>
43. Typed or Printed Name of Candidate <i>Chad McCollum</i>	Signature of Candidate <i>Chad McCollum</i>	Date (mm/dd/yy) <i>2-2-26</i>

FOR OFFICE USE ONLY  
*Marjorie Rice*  
CLERK OF THE HENDRICKS COUNTY  
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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).