



**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. →

32-26-016

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

2. Last Name GADDIE	First Name EDMUND	Middle Name L.	Nickname	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) 419 DUNN STR, PLAINFIELD	5. FAX (Optional) ()	6. E-mail Address (Optional) edgaddie@sleepybird.net
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7. City PLAINFIELD	State IN	ZIP Code 46168	8. County HENDRICKS	9. Telephone (Day) (317) 514-6290	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.) ()
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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.

ED GADDIE FOR HENDRICKS D 3

14. Mailing Address (number and street, city, state, and ZIP code) 419 DUNN STR, PLAINFIELD, IN 46168	<input type="checkbox"/> Check if this is a new address. ()	15. FAX (Optional) ()	16. E-mail Address (Optional)
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17. City PLAINFIELD	State IN	ZIP Code 46168	18. County HENDRICKS	19. Telephone (317) 514-6290	20. Committee Organization Date (mm/dd/yy) 2-5-2025
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21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.

22. Mailing Address (number and street, city, state, and ZIP code) 419 DUNN STR, PLAINFIELD, IN 46168	<input type="checkbox"/> Check if this is a new address. ()	23. FAX (Optional) ()	24. E-mail Address (Optional)
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25. City PLAINFIELD	State IN	ZIP Code 46168	26. County HENDRICKS	27. Telephone (Day) (317) 514-6290	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.)
N/A

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A	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. ED GADDIE	Person Appointed Treasurer ED GADDIE	Signature of the Committee Chairperson Ed Gaddie
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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) 419 DUNN STR, PLAINFIELD, IN 46168	<input type="checkbox"/> Check if this is a new address. ()	35. FAX (Optional) ()	36. E-mail Address (Optional)
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37. City PLAINFIELD	State IN	ZIP Code 46168	38. County HENDRICKS	39. Telephone (Day) (317) 514-6290	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 Ed Gaddie
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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 ED GADDIE	Signature of Chairperson Ed Gaddie	Date (mm/dd/yy) 2/5/2025
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43. Typed or Printed Name of Candidate ED GADDIE	Signature of Candidate Ed Gaddie	Date (mm/dd/yy) 2/5/2025
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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).

FOR OFFICE USE ONLY

026 FEB - 5 AM 10:58

FILED
CLERK OF HENDRICKS COUNTY
Marjorie Pike