



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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 checked="" type="checkbox"/> 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	
4. Mailing Address (number and street, city, state, and ZIP code) 419 DUNN STR, PLAINFIELD				5. FAX (Optional) ()		6. E-mail Address (Optional) edgaddie@mscglobal.net			
7. City PLAINFIELD		State IN	ZIP Code 46168	8. County HENRICKS		9. Telephone (Day) (317) 514 6296		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.)					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. ED GADDIE FOR HENRICKS D 3									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 419 DUNN STR PLAINFIELD, IN 46168				15. FAX (Optional) ()		16. E-mail Address (Optional)			
17. City PLAINFIELD		State IN	ZIP Code 46168	18. County HENRICKS		19. Telephone (317) 514 6296		20. Committee Organization Date (mm/dd/yy) 2-5-2025	
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. 419 DUNN STR, PLAINFIELD, IN 46168				23. FAX (Optional) ()		24. E-mail Address (Optional)			
25. City PLAINFIELD		State IN	ZIP Code 46168	26. County HENRICKS		27. Telephone (Day) (317) 514 6296		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.) 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				
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 ED GADDIE			Signature of the Committee Chairperson Ed Gaddie		
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. 419 DUNN STR PLAINFIELD, IN 46168				35. FAX (Optional) ()		36. E-mail Address (Optional)			
37. City PLAINFIELD		State IN	ZIP Code 46168	38. County HENRICKS		39. Telephone (Day) (317) 514 6296		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 Ed Gaddie			
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			
43. Typed or Printed Name of Candidate ED GADDIE			Signature of Candidate Ed Gaddie			Date (mm/dd/yy) 2/5/2025			
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

Margie Pike

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FILED
CLERK OF HENRICKS COURT