



**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? ☐ Yes ☒ No If Yes, please enter the file number in this box. →

32-24-019

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

2. Last Name Basham	First Name Kevin	Middle Name Lynn	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) 6 S. McKinley St.		5. FAX (Optional)		6. E-mail Address (Optional)
7. City North Salem	State IN	ZIP Code 46165	8. County Hendricks	9. Telephone (Day) (317) 979-5535
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) (317) 979-5535	
12. Office Sought (include district number, if any. Not required for an exploratory committee.) County Council				

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Kevin Basham For County Council				
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 6 S. McKinley St.		15. FAX (Optional)		16. E-mail Address (Optional) firefighter8one2@aol.com
17. City North Salem	State IN	ZIP Code 46165	18. County Hendricks	19. Telephone (317) 979-5535
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Kevin Lynn Basham			20. Committee Organization Date (mm/dd/yy) 02/28/2024	
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6 S. McKinley St.		23. FAX (Optional)		24. E-mail Address (Optional) firefighter8one2@aol.com
25. City North Salem	State IN	ZIP Code 46165	26. County Hendricks	27. Telephone (Day) (317) 979-5535
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.)			28. Telephone (Evening) (317) 979-5535	
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	

**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. Kevin Lynn Basham	Signature of the Committee Chairperson Kevin Lynn Basham
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Kevin Lynn Basham	
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6 S. McKinley St.	
35. FAX (Optional)	36. E-mail Address (Optional) firefighter8one2@aol.com
37. City North Salem	State IN
ZIP Code 46165	38. County Hendricks
39. Telephone (Day) (317) 979-5535	40. Telephone (Evening) (317) 979-5535

**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 Kevin Lynn Basham
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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 Kevin Lynn Basham	Signature of Chairperson Kevin Lynn Basham	Date (mm/dd/yy) 3/1/2024
43. Typed or Printed Name of Candidate Kevin Lynn Basham	Signature of Candidate Kevin Lynn Basham	Date (mm/dd/yy) 3/1/2024

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).

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20 MAR -1 PM 1:36  
Morgan Pike