



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R13/9-10)
Indiana Election Commission (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? ☒ No ☐ Yes If Yes, please enter the file number in this box →

32-16-014

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

2. Last Name BURCHAM		First Name JASON		Middle Name MICHAEL		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee			
4. Mailing Address 10092 MALONEY RD.				5. FAX (Optional)		6. E-mail Address (Optional) burch43@yahoo.com					
7. City BROWNSBURG		State IN		ZIP Code 46112		8. County HENDRICKS		9. Telephone (Day) (317) 523-3142		10. Telephone (Evening) (317) 523-3142	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) HENDRICKS 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 JASON BURCHAM FOR HENDRICKS COUNTY COUNCIL											
14. Mailing Address <input type="checkbox"/> Check if this is a new address 10092 MALONEY RD.					15. FAX (Optional)			16. E-mail Address (Optional)			
17. City BROWNSBURG		State IN		ZIP Code 46112		18. County HENDRICKS		19. Telephone (317) 523-3142		20. Committee Organization Date (MM-DD-YY) 6-15-16	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson JASON M. BURCHAM											
22. Mailing Address <input type="checkbox"/> Check if this is a new address 10092 MALONEY RD.					23. FAX (Optional)			24. E-mail Address (Optional)			
25. City BROWNSBURG		State IN		ZIP Code 46112		26. County HENDRICKS		27. Telephone (Day) (317) 523-3142		28. Telephone (Evening) (317) 523-3142	
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.) CHASE BANK											
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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. JASON BURCHAM						Signature of the Committee Chairperson 					
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 <input type="checkbox"/> Check if this is a new address 10092 MALONEY RD.					35. FAX (Optional)			36. E-mail Address (Optional)			
37. City BROWNSBURG		State IN		ZIP Code 46112		38. County HENDRICKS		39. Telephone (Day) (317) 523-3142		40. Telephone (Evening) (317) 523-3142	

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 					
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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 JASON BURCHAM		Signature of Chairperson 		Date (MM-DD-YY) 06-15-16	
43. Typed or Printed Name of Candidate JASON BURCHAM		Signature of Candidate 		Date (MM-DD-YY) 06-15-16	

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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

FILED

JUN 20 2016

Debbie Hoskins
CLERK HENDRICKS CIRCUIT
SUPERIOR COURT