



**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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →										32-21-009		
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>												
2. Last Name Irby			First Name Gregory			Middle Name Clark			Nickname Greg		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) 117 Parkridge Drive						5. FAX (Optional) ( )			6. E-mail Address (Optional)			
7. City Danville		State IN	ZIP Code 46122		8. County Hendricks		9. Telephone (Day) (765) 430-2805		10. Telephone (Evening) (765) 430-2805			
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.) Danville Town Council - Ward 1						
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>												
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. The Committee to Elect Greg Irby												
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 117 Parkridge Drive						15. FAX (Optional) ( )			16. E-mail Address (Optional)			
17. City Danville		State IN	ZIP Code 46122		18. County Hendricks		19. Telephone (765) 430-2805		20. Committee Organization Date (mm/dd/yy) 09/01/21			
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.) North Salem State Bank if established												
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						
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>												
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.						Person Appointed Treasurer Candidate			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 (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) ( )			
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>												
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						
<b>SECTION E. CERTIFICATION OF STATEMENT</b>												
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 Gregory C. Irby			Signature of Chairperson					Date (mm/dd/yy) 9/1/21				
43. Typed or Printed Name of Candidate Gregory C. Irby			Signature of Candidate					Date (mm/dd/yy) 9/1/21				
<b>Warning:</b> 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

MAILED

9-1-21

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