



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R14 / 10-17)
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.* → 32-18-025

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

2. Last Name BRANDON		First Name THERESA		Middle Name MARIE		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code)					5. FAX (Optional) ()		6. E-mail Address (Optional)		
7. City		State IN	ZIP Code		8. County		9. Telephone (Day) ()		10. Telephone (Evening) ()
11. Party Affiliation <input 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.)				

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.									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					15. FAX (Optional) ()		16. E-mail Address (Optional)		
17. City		State	ZIP Code		18. County		19. Telephone ()		20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <input 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.) HOME BANK S B Plainfield, 990 W. MAIN ST., STE 165, PLAINFIELD, IN									
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 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					Signature of the Committee Chairperson				
33. Treasurer's Full Name <input 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) ()					

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		Signature of Chairperson		Date (mm/dd/yy)	
43. Typed or Printed Name of Candidate THERESA M. BRANDON		Signature of Candidate THERESA M BRANDON		Date (mm/dd/yy) 8/20/2018	

FOR OFFICE USE ONLY

Debbie Hoarding
2018 JAN 32 AM 9:03
FILED
CLERK OF HENDRICKS CO

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).