



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.* → 32-19-0039

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

2. Last Name CULLEY		First Name JOHN		Middle Name WALTER	Nickname NONE	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) 4986 S ST RD 39				5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City CLAYTON		State IN	ZIP Code 46118	8. County HENDRICKS		9. Telephone (Day) 317 690-2495	
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.) TOWN BOARD					
10. Telephone (Evening) ()		10. Telephone (Evening) SAME					

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. ELECT JOHN CULLEY							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4986 S ST RD 39				15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City CLAYTON		State IN	ZIP Code 46118	18. County HENDRICKS		19. Telephone 317 690 2495	
20. Committee Organization Date (mm/dd/yy)		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. JOHN WALTER CULLEY							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4986 S ST RD 39				23. FAX (Optional) ()		24. E-mail Address (Optional) BIG AUTH 45 AT AOL.COM	
25. City CLAYTON		State IN	ZIP Code 46118	26. County HENDRICKS		27. Telephone (Day) 317 690 2495	
28. Telephone (Evening) ()		28. Telephone (Evening) SAME					
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.) FIRST NATIONAL BANK							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) FOR ELECTION				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. <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.		Person Appointed Treasurer		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)		36. E-mail Address (Optional)			
37. City ()		State ()	ZIP Code ()	38. County ()	
39. Telephone (Day) ()		39. Telephone (Day) ()			
40. Telephone (Evening) ()		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 JOHN W CULLEY	Signature of Chairperson <i>John W Culley</i>	Date (mm/dd/yy) 09-25-19
43. Typed or Printed Name of Candidate JOHN W CULLEY	Signature of Candidate <i>John W Culley</i>	Date (mm/dd/yy) 09-25-19

FOR OFFICE USE ONLY

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INDIANA ELECTION DIVISION

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).