



**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)

JUN 26 2:59 PM

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. →

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

2. Last Name Walsh	First Name Christopher	Middle Name Shane	Nickname Chris	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) 440 Wilson Sq.		5. FAX (Optional) ()		6. E-mail Address (Optional)
7. City Evansville	State IN	ZIP Code 47715	8. County Vanderburgh	9. Telephone (Day) 812 550-7981
				10. Telephone (Evening) () Same
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.) Knight Township Trustee Board	

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. Committee to Elect Chris Walsh to Knight Township Trustee Board				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 440 Wilson Sq.		15. FAX (Optional) ()		16. E-mail Address (Optional) walsh.chris12@yahoo.com
17. City Evansville	State IN	ZIP Code 47715	18. County Vanderburgh	19. Telephone 812 550-7981
				20. Committee Organization Date (mm/dd/yy) 6/26/25
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Christopher Shane Walsh				
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 440 Wilson Sq.		23. FAX (Optional) ()		24. E-mail Address (Optional) walsh.chris12@yahoo.com
25. City Evansville	State IN	ZIP Code 47715	26. County Vanderburgh	27. Telephone (Day) 812 550-7981
				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 Federal				
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.	Person Appointed Treasurer Kelly M. Walsh	Signature of the Committee Chairperson Chris Walsh
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Kelly Myree Walsh		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 440 Wilson Sq.		35. FAX (Optional) ()
		36. E-mail Address (Optional)
37. City Evansville	State IN	ZIP Code 47715
38. County Vanderburgh		39. Telephone (Day) 812 760-9296
40. Telephone (Evening) () Same		

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 Kelly Walsh
--	---

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 Christopher S Walsh	Signature of Chairperson Chris Walsh	Date (mm/dd/yy) 6/26/25
43. Typed or Printed Name of Candidate Christopher S Walsh	Signature of Candidate Chris Walsh	Date (mm/dd/yy) 6/26/25

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).

FOR OFFICE USE ONLY

VANDERBURGH ELECTION OFFICE

FILED

JUN 26 2025

K9