



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

State Form 4604 (R12/9-09)

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 →

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

2. Last Name <i>Chapman</i>	First Name <i>Randall</i>	Middle Name <i>B.</i>	Nickname	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address <i>2203 Hercules Ave</i>		5. FAX (Optional) ()		6. E-mail Address (Optional) <i>18PO24701@gmail.com</i>	
7. City <i>Evansville</i>	State <i>IN</i>	ZIP Code <i>47711</i>	8. County <i>Vanderburgh</i>	9. Telephone (Day) <i>(812) 204-9605</i>	10. Telephone (Evening) <i>Same</i>
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.) <i>County Commissioner 3rd District</i>		

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 <i>Committee to Elect Randall B. Chapman</i>					
14. Mailing Address <input type="checkbox"/> Check if this is a new address <i>2203 Hercules Ave.</i>		15. FAX (Optional) ()		16. E-mail Address (Optional) <i>18PO24701@gmail.com</i>	
17. City <i>Evansville</i>	State <i>IN</i>	ZIP Code <i>47711</i>	18. County <i>Vanderburgh</i>	19. Telephone <i>(812) 204-9605</i>	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 <i>Gabriel M Whitley</i>					
22. Mailing Address <input type="checkbox"/> Check if this is a new address <i>4801 Rolling Ridge Dr</i>		23. FAX (Optional) ()		24. E-mail Address (Optional) <i>gabrielmwhitley@gmail.com</i>	
25. City <i>Evansville</i>	State <i>IN</i>	ZIP Code <i>47712</i>	26. County <i>Vanderburgh</i>	27. Telephone (Day) <i>(812) 893-5000</i>	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.)					

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <i>Seek office of County Commissioner</i>	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"/> No <input type="checkbox"/> Yes
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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.			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 <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 <i>Randall B. Chapman</i>	Signature of Candidate <i>Randall B. Chapman</i>	Date (MM-DD-YY) <i>1-23-20</i>

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

