



**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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>	
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →	
2. Last Name Branch	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) 614 S. Wabash Ave. Kokomo, IN 47401	5. FAX (Optional)
7. City Kokomo	8. County Howard
9. Telephone (Day) 765 437-0975	10. Telephone (Evening) 765 437-0975
11. Party Affiliation <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other	12. Office Sought (include district number, if any. Not required for an exploratory committee.) Howard County Treasurer
<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. Committee to Elect Christie Branch	14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 614 S. Wabash Ave. Kokomo, IN 47401
17. City Kokomo	18. County Howard
19. Telephone 765 437-0975	20. Committee Organization Date 02/03/2020
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Wester Reed	22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1625 Osage Dr.
25. City Kokomo	26. County Howard
27. Telephone (Day) 765 437-9518	28. Telephone (Evening) 765 437-9518
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.) Community First	30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>	
32. I, as Chairperson of the foregoing Person Appointed Treasurer Christie Branch	33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Christie Branch
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 614 S. Wabash Ave	
37. City Kokomo	38. County Howard
39. Telephone (Day) 765 437-0975	40. Telephone (Evening) 765 437-0975
<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).	
42. Typed or Printed Name of Candidate Wester Reed	
43. Typed or Printed Name of Candidate Christie Branch	
Signature of Candidate Christie Branch	
Date (m/d/yyyy) 02/03/2020	
Signature of Chairperson Wester Reed	
Date (m/d/yyyy) 02/03/2020	
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.	
<b>SECTION E. CERTIFICATION OF STATEMENT</b>	
47. 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	
FOR OFFICE USE ONLY	
FILED	
FEB 03 2020	
DEBBIE STEWART Clerk Howard Cir. Court	

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).