



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.

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 Branch		First Name Christie		Middle Name Lynn		Nickname		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) 2297 W. Carter St. Kokomo, IN 46901						5. FAX (Optional)		6. E-mail Address (Optional)	
7. City Kokomo		State IN	ZIP Code 46901	8. County Howard		9. Telephone (Day) (765) 437-0975		10. Telephone (Evening) (765) 437-0975	
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.) Howard County Treasurer					

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 Christie Branch									
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 2297 W. Carter St. Kokomo, IN 46901						15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Kokomo		State IN	ZIP Code 46901	18. County Howard		19. Telephone (765) 437-0975		20. Committee Organization Date (mm/dd/yy) 01/10/24	
21. Chairperson's Full Name <input checked="" 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.) Community First Bank									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A						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 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)	
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 Christie Branch		Signature of Chairperson <i>Christie Branch</i>		Date (mm/dd/yy) 01/10/24	
43. Typed or Printed Name of Candidate Christie Branch		Signature of Candidate <i>Christie Branch</i>		Date (mm/dd/yy) 01/10/24	

FOR OFFICE USE ONLY

FILED

JAN 10 2024

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).

INSTRUCTIONS FOR COMPLETING THIS FORM

This is a dual purpose form. The most common use of this form is to designate a candidate's principal committee in which the candidate is both the chairperson and treasurer. The form enables the candidate to organize and at the same time designate the candidate's principal committee as required by IC 3-9-1-3, IC 3-9-1-4 & IC 3-9-1-5.

The form also allows a person exploring opportunities for seeking a political office but who has not definitely decided to be a candidate for a particular office to organize an exploratory committee. If the candidate is not yet a candidate for a **specific** office, check "exploratory committee" under Section A 3. When the candidate **does** become a candidate for a specific office, an amended CFA-1 must be filed.

The preparer should **type or print legibly in black ink** all information on this form. If more space is needed please attach additional sheets. All versions of State Form 4604 prior to revision (R10/10-01) are obsolete and cannot be used (IC 3-5-4-8). State law requires that any changes on this form must be reported **WITHIN TEN (10) DAYS OF THE CHANGE**.

ITEM 1. IS THIS AN AMENDMENT? Check the appropriate box. If "YES" is checked, enter the file number in the file number box and go on to Section A. If "NO" is checked, proceed directly to Section A.

SECTION A. CANDIDATE INFORMATION: Enter the name of the candidate, as set forth in the candidate's voter registration record and any nickname the candidate uses.

TYPE OF COMMITTEE. See second paragraph above. Be sure to enter the full and current address and the ZIP Code+4, if known. Under party affiliation, enter the party the candidate supports. If no party is supported, enter "Independent." A "Write-In" candidate should follow the same procedure; do not write "Write-In."

OFFICE BEING SOUGHT. Enter the full name of that office. For example, "Indiana State Senator, District ____." ***This box is not required to be completed by an exploratory committee.***

SECTION B. COMMITTEE INFORMATION: Do not use any abbreviations in the committee name. Check the new name box if this is a new name. Be sure to enter the full and current mailing address. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise.

Check the new address if appropriate. Enter the ZIP Code+4, if known, in all boxes calling for the ZIP Code. The date the committee was organized may be the date the candidate publicly announced, filed a declaration of candidacy, solicited or accepted contributions, or made an expenditure. (IC 3-5-2-6)

ITEM 16. COMMITTEES FILING WITH THE INDIANA ELECTION DIVISION ONLY: Committees that file campaign finance reports with the Indiana Election Division and wish to file these reports electronically may contact the Election Division at (800) 622-4941 or at the e-mail address campaignfinance@iec.in.gov for further information.

ITEM 21. Chairperson. This may be the candidate. However, the chairperson may not be the treasurer of any other campaign finance committee except in the case of the candidate's committee. Check if this is a new chairperson or new information.

ITEM 29. Bank or Other Depositories. If a candidate's committee accepts contributions or makes expenditures on an aggregate amount of more than two hundred dollars (\$200) in a year, all funds of a committee must be segregated from, and may not be commingled with, the personal funds of officers, members or associates of the committee. (IC 3-9-2-9)

ITEM 30. Exploratory Committee. Enter a brief statement explaining the purpose of this committee. Example: "To receive and expend funds to explore the opportunities for elected office."

ITEM 31. Salaries and Reimbursements. Pursuant to Indiana Election Commission Advisory Opinion 2001-01, attach a copy of any contract between the committee and the candidate permitting salary and reimbursement payments.

SECTION C. APPOINTMENT OF TREASURER:

ITEM 32. Treasurer. The treasurer must be a U.S. citizen and may not be the chairperson of any other campaign finance committee except in the case of a candidate's committee. The treasurer's duties and responsibilities are discussed in detail in the Instruction Manual for the Indiana Campaign Finance Act (*current edition*). Check if this is a new treasurer or new information. This section must be completed in its entirety by the committee chairperson.

SECTION D. ACCEPTANCE OF APPOINTMENT: The treasurer must provide the treasurer's written signature verifying acceptance of the duties and responsibilities as committee treasurer.

SECTION E. CERTIFICATION OF STATEMENT: The chairperson and candidate must enter their typed or printed names, written signatures and date signed in this section. **Note:** If the candidate and the chairperson are the same only one signature is necessary.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES AND STATE LEGISLATIVE CANDIDATES

This form must be filed **electronically** with the Election Division. Contact 1-800-622-4941 for more information. *If you are opening a committee for the first time, or amending your current CFA-1 due to a change in treasurer or chair, a signed copy of the CFA-1 (with original signatures) must also be emailed or faxed to the Election Division.*

WARNING: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4 and IC 3-9-1-12)



DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION IN 2024

(CAN-2)

State Form 46439 (R21 / 8-23)
Indiana Election Division (IC 3-8-2-7, IC 3-5-7-5)

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic or Republican party nomination to an elected office in a primary election. A declaration of candidacy must be filed not earlier than January 10, 2024, and not later than NOON, February 9, 2024. Please print or type all information on this form except all signatures. SEE IMPORTANT INFORMATION ON BACK OF FORM. Candidates seeking the office of U.S. Senator in a primary election also file CAN-4 forms. Candidates seeking the office of Governor in a primary election also file CAN-25 forms. Except for candidates seeking federal office, all candidates seeking a primary nomination must attached the required statement of economic interests forms. See the 2024 Candidate Guide for more information regarding the statement of economic interests applicable to your office.

GENERAL INFORMATION

I, Christie Branch, the undersigned, certify the following:

(1) I am a registered voter of Precinct 207 of the Township of Center-Kokomo (or of Ward, if applicable, of the City or Town of kokomo,) County of Howard State of Indiana.

(2) I request that my name be placed on the official primary ballot of the (check one) Democratic Party or Republican Party with which I am affiliated to be voted on at the primary election to be held on May 7, 2024, for the office of Treasurer, District (or Judicial Circuit) (if any).

(3) I am claiming affiliation with the Democratic or Republican Party. I understand that my party affiliation is determined by which party I voted for in the last two primary elections held in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because: (check one) The two most recent primary elections held in Indiana in which I voted were the primaries held by the party with which I claim affiliation above. The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.) (4) (This paragraph does not apply to a candidate for federal office.) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office including any applicable residency requirement and requirement to be a registered voter in the election district I seek to represent. I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

RESIDENCY INFORMATION

(5) My complete residence address is: 2297 W. Carter St. kokomo, IN (amend if other state) 46901

(6) My mailing address is: SAME, IN (amend if other state) Christie Branch

CANDIDATE NAME INFORMATION

I request that my name appear on the primary election ballot in the following manner as described in IC 3-5-7:

Table with 5 columns: First Designation, Second Designation, Third Designation, Fourth Designation, and Suffix. Each column contains instructions on how to format the name on the ballot.

I also request that my name on my voter registration record be the same as the name on this declaration of candidacy. (IC 3-8-2-7(c))

If a candidate's name does not comply with IC 3-5-7, the declaration may be challenged under Indiana Code 3-8-1-2. A candidate may use a nickname on the ballot only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe

PLEASE COMPLETE REVERSE OF FORM

CANDIDATE CERTIFICATION

- (7) (This paragraph does not apply to federal offices.) By initialing, I acknowledge that I have attached a copy of the applicable statement of economic interest statement, file stamped by the office required to receive the statement, or a receipt or photocopy of a receipt showing that this statement of economic interest has been filed. (initial here if applicable) CB
(8) (This paragraph does not apply to a candidate for federal office or state legislative office.) By initialing, I acknowledge that I might be required to file a surety bond before serving in office. (initial here if applicable) CB
(9) (This paragraph does not apply for candidates for federal office, state office, or state legislative office.) By initialing, I acknowledge that I might be required to complete training or have attained certification related to service in office. (initial here if applicable) CB
(10) (This paragraph does not apply to a candidate for federal office.) By initialing, I acknowledge that I am aware of the provisions of the Indiana Campaign Finance Act (IC 3-9) regarding campaign finance and the reporting of campaign finance contributions and expenditures and I agree to comply with IC 3-9. (initial here if applicable) CB
(11) I have been a candidate for state, state legislative, or local office in a previous primary, municipal, special, or general election: (check one) [] Yes [] No If the answer to this question is no, skip paragraph 12 and proceed to paragraph 13.
(12) I have filed all reports required by IC 3-9-5-10 for all previous candidacies: (check one) [] Yes [] No
(13) (This paragraph only applies to a candidate for a local office, including judicial offices and prosecuting attorney, if the local office receives compensation of at least \$5,000 per year, or to a local office if the local office receives compensation of less than \$5,000 but the candidate raises or spends more than \$500.) I have filed a campaign finance statement of organization for my principal candidate's committee with the appropriate county election board OR I am aware that I may be required to file the campaign finance statement of organization not later than noon, seven (7) days after the final date to file this declaration of candidacy. (initial here if applicable) CB

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Christie Branch

Signature

01/10/2024

Date Signed (MM/DD/YYYY)

(765) 437-0975

Telephone (Day)

(765) 437-0975

Telephone (Evening)

OPTIONAL INFORMATION:

Candidate's email:

Campaign website:

STATE OF INDIANA
COUNTY OF HOWARD

Subscribed and sworn to before me this 10 day of January, 2024.

Debbie Stewart

Notary Public or Other Official Administering Oath according to IC 33-42-9-7

My Commission expires (applies only to Notary Public): 12-31-26

County of Residence: Howard

CAMPAIGN FINANCE NOTICE

- A candidate's committee must file a pre-primary campaign finance report no later than NOON, April 19, 2024, with the Indiana Election Division (if a candidate for a state legislative office) or with the appropriate county election board (if a candidate for a local office nominated in the primary).
The candidate's committee must also file a pre-primary supplemental report no later than forty-eight (48) hours after the committee receives and accepts any contribution of \$1,000 or more during the period beginning April 13, 2024 and ending at 6:00 a.m. on May 5, 2024, with the Indiana Election Division or appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.
A candidate's committee must file a pre-election campaign finance report no later than NOON, October 18, 2024, with the Indiana Election Division (if a candidate for a state legislative office) or with the appropriate county election board (if a candidate for a local office).
The candidate's committee must also file a pre-election supplemental report no later than forty-eight (48) hours after the committee receives and accepts any contribution of \$1,000 or more during the period beginning October 12, 2024 and ending at 6:00 a.m. November 3, 2024, with the Indiana Election Division or appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.
A person who fails to file a report with the Indiana Election Division or a county election board is subject to a civil penalty of \$50 for each day the report is late, with the afternoon of the final date for filing the report being calculated as the first day, for a maximum penalty of not more than \$1,000, plus any investigative costs incurred and documented by the Election Division or county election board. NOTE: State legislative candidates are required to file electronically with the Election Division.

NOTE TO CANDIDATES FOR STATEWIDE OFFICE:

A candidate's committee must file "quarterly" campaign finance reports with the Indiana Election Division (IED), according to the following schedule. These filings must be made electronically and are subject to the same civil penalties set forth in the Campaign Finance Notice above. Contact the Campaign Finance Division of IED for more information. The committee must file quarterly reports no later than noon, Indianapolis time:

- (1) April 15, 2024, covering the period from January 1, 2024 through March 31, 2024.
(2) July 15, 2024, covering the period from April 1, 2024 through June 30, 2024.
(3) October 15, 2024, covering the period from July 1, 2024 through September 30, 2024.
(4) October 29, 2024, covering the period from October 1, 2024 through October 21, 2024.
(5) January 15, 2025, covering the period from October 22, 2024 through December 31, 2024.

The candidate's committee must also file supplemental reports with the Indiana Election Division no later than forty-eight (48) hours after the committee receives and accepts contributions from a person that total \$1,000 or more during the reporting periods listed below. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

- (1) Supplemental Reporting Period: April 1, 2024, through NOON, April 15, 2024.
(2) Supplemental Reporting Period: July 1, 2024, through NOON, July 15, 2024.
(3) Supplemental Reporting Period: October 1, 2024, through NOON, October 15, 2024.
(4) Supplemental Reporting Period: October 22, 2024, through NOON, October 28, 2024.

FILED

JAN 10 2024

DEBBIE STEWART
Clerk Howard Cir. Court



STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

(CAN-12)

State Form 55128 (R / 8-19) Indiana Election Division (IC 3-8-9)

INSTRUCTIONS: This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office. NOTE: A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA COUNTY OF Howard

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:

20

NOTE: Insert "Not Applicable" where appropriate.

I, Christie Branch the undersigned, certify the following: Name of Candidate or Person Filling Vacant Office

- (1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is Treasurer. (Include district, if applicable.)
(2) The name of my spouse was Not Applicable
(3) The name of my employer and the nature of its business was Howard County Treasurer
(4) The name of the employer of my spouse and the nature of its business was Not Applicable
(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was Not Applicable
(6) If I operated a professional practice, the name of the professional practice and the nature of its business was Not Applicable
(7) If I was a member of a partnership, the name of the partnership and the nature of its business was Not Applicable
(8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was Not Applicable
(9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was Not Applicable
(10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was Not Applicable
(11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was Not Applicable
(12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was Not Applicable

FILED

JAN 10 2024

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.

DEBBIE STEWART Clerk Howard Cir. Court

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 10th day of January, 20 24

Christie Branch

Signature

Christie Branch

Printed Name

STATE OF _____)

COUNTY OF _____)

Subscribed and affirmed to before me this 10 day of January, 20 24

Debbie Stewart *NS*

Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-26

County of Residence: _____

