



**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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Horrocks		First Name Thomas		Middle Name Lawrence		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 5726 W Tensleep Rd				5. FAX (Optional) ()		6. E-mail Address (Optional) tlhorrocks@gmail.com			
7. City Bloomington		State IN	ZIP Code 47403	8. County Monroe		9. Telephone (Day) (317) 376-9145		10. Telephone (Evening) (317) 376-9145	
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.) Indiana House District 62 Representative					
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. Friends of Thomas Horrocks									
14. Mailing Address (number and street, city, state, and ZIP code) 5726 W Tensleep Rd				15. FAX (Optional) ()		16. E-mail Address (Optional)			
17. City Bloomington		State IN	ZIP Code 47403	18. County Monroe		19. Telephone (317) 376-9145		20. Committee Organization Date (mm/dd/yy) 09/01/23	
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) 5726 W Tensleep Rd				23. FAX (Optional) ()		24. E-mail Address (Optional)			
25. City Bloomington		State IN	ZIP Code 47403	26. County Monroe		27. Telephone (Day) (317) 376-9145		28. Telephone (Evening) (317) 376-9145	
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.) IU Credit Union									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) Exploring candidacy for IN State House District 62					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. Samuel Ujdak					Signature of the Committee Chairperson 				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Samuel Andrew Ujdak									
34. Mailing Address (number and street, city, state, and ZIP code) 1506 E Hillside Dr				35. FAX (Optional) ()		36. E-mail Address (Optional)			
37. City Bloomington		State IN	ZIP Code 47401	38. County Monroe		39. Telephone (Day) (574) 855-7288		40. Telephone (Evening) (574) 855-7288	
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 				
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 THOMAS HORROCKS		Signature of Chairperson 			Date (mm/dd/yy) 09/01/23				
43. Typed or Printed Name of Candidate Thomas Horrocks		Signature of Candidate 			Date (mm/dd/yy) 09/01/23				
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).									

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SEP 01 2023

CLERK MONROE CIRCUIT