



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

(CFA - 1)

State Form 4604 (R12/9-09)
Indiana Election Commission (IC 3-9-1-3, IC 3-9-1-4, IC 3-9-1-5)

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

FILE NUMBER

7771

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 BRAUN	First Name MICHAEL	Middle Name K	Nickname MIKE	3. Type of Committee (Check only one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address PO BOX 1126		5. FAX (Optional)		6. E-mail (Optional)
7. City CARMEL	State IN	Zip Code 46082	8. County Hamilton	9. Telephone (Day) 317-732-8675
			10. Telephone (Evening) 317-732-8675	
11. Party Affiliation Republican		12. Office Sought (Include district number, if any. Not required for an exploratory committee.) GOVERNOR		

SECTION B COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Fill name of committee (Do Not abbreviate) <input type="checkbox"/> Check if this is a new name MIKE BRAUN FOR INDIANA, INC.				
14. Mailing Address <input type="checkbox"/> Check if this is a new address PO BOX 1126		15. FAX (Optional)		16. E-mail Address (Optional)
17. City CARMEL	State IN	Zip Code 46082	18. County Hamilton	19. Telephone 317-732-8675
			20. Committee Organization Date (MM-DD-YY) 11/29/2022	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson MICHAEL K BRAUN				
22. Mailing Address <input type="checkbox"/> Check if this is a new address PO BOX 1126		23. FAX (Optional)		24. E-mail Address (Optional)
25. City CARMEL	State IN	Zip Code 46082	26. County Hamilton	27. Telephone (Day) 317-732-8675
			28. Telephone (Evening) 317-732-8675	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) CHAIN BRIDGE BANK				
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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 KEVIN BROGHAMER	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 KEVIN BROGHAMER				
34. Mailing Address <input type="checkbox"/> Check if this is a new address PO BOX 1126		35. FAX (Optional)		36. E-mail Address (Optional)
37. City CARMEL	State IN	Zip Code 46082	38. County Hamilton	39. Telephone (Day) 317-732-8675
			40. Telephone (Evening) 317-732-8675	

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 that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.			FOR OFFICE USE ONLY Confirm Nbr: 15697 Filed: 11/30/2022 8:16:00AM	
42. Typed or printed name of Chairperson	Signature of Chairperson	Date (MM-DD-YY)		
43. Typed or printed name of Candidate MICHAEL K BRAUN	Signature of Candidate	Date (MM-DD-YY)		

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 Level 6 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, 3-9-4-17, and 3-9-4-18).