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

State Form 4804 (R13/9-10)
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

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  First Name  Middle Name  Nickname  
Wall  Christopher  Brian  Chris

4. Mailing Address  
6953 Lohr Way

5. FAX (Optional)  
6. E-mail Address (Optional)  

Indianapolis  IN  46214  Marion  317.503-0986  317.503-0986

11. Party Affiliation  
X Democratic  ☐ Libertarian  ☐ Republican  ☐ Other  

12. Office Sought (Include district number, if any. Not required for an exploratory committee.)  
City County Council District 15

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

13. Full Name of Committee (Do not abbreviate)  ☐ Check if this is a new name  
Chris Wall for City County Council District 15

14. Mailing Address  ☐ Check if this is a new address  
6953 Lohr Way

15. FAX (Optional)  
16. E-mail Address (Optional)  

Indianapolis  IN  46214-3289  Marion  317.503-0986  02/06/10

21. Chairperson's Full Name  ☐ Designate Candidate as Chairperson  ☐ Check if this is a new chairperson  
Christopher Brian Wall

22. Mailing Address  ☐ Check if this is a new address  
6953 Lohr Way

23. FAX (Optional)  
24. E-mail Address (Optional)  

Indianapolis  IN  46214-3289  Marion  317.503-0986  317.503-0986

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.)  
BMO Harris Bank

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)  31. Salaries and Reimbursements (Will the committee pay the candidate any salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) ☐ No ☐ 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  Signature of the Committee Chairperson  
Jersey Howes  charleeswork

33. Treasurer's Full Name  ☐ Designate candidate as treasurer  ☐ Check if this is a new treasurer  
Jersey Howes

34. Mailing Address  ☐ Check if this is a new address  
7154 Heckman Way

35. FAX (Optional)  
36. E-mail Address (Optional)  

37. City  State  ZIP Code  38. County  39. Telephone (Day)  40. Telephone (Evening)  
Greenwood  IN  46142  Johnson  317.374-5674  (317) 374-5674

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).

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.  

Christopher Wall  Signature of Chairperson  Date (MM-DD-YY)  
Christopher Wall  2/10/15

Christopher Wall  Signature of Candidate  Date (MM-DD-YY)  
Christopher Wall  2/10/15

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 3-9-1-16, IC 3-9-1-17, and IC 3-9-1-18).

FOR OFFICE USE ONLY

FILED
FEB 10 2015

Myles A. Edmunds