



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

(CFA-1)

State Form 4604 (R15 / 5-19)

Indiana Election Division (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? Yes No If Yes, please enter the file number in this box. → 46-25-59

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name <i>Galloway</i>	First Name <i>Roger</i>	Middle Name <i>ALLAN</i>	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) <i>608 Tecumseh St.</i>		5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City <i>LaPorte</i>	State <i>IN</i>	ZIP Code <i>46350</i>	8. County <i>LaPorte</i>	9. Telephone (Day) <i>219 393-9763</i>	10. Telephone (Evening) ()
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.)		

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.

Committee To elect Roger A Galloway

14. Mailing Address (number and street, city, state, and ZIP code) <i>Same</i>		<input type="checkbox"/> Check if this is a new address.		15. FAX (Optional) ()	16. E-mail Address (Optional)
17. City <i>Same</i>	State <i>IN</i>	ZIP Code <i>46350</i>	18. County	19. Telephone ()	20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <i>Roger A. Galloway</i>			22. Mailing Address (number and street, city, state, and ZIP code) <i>Same</i> <input type="checkbox"/> Check if this is a new address. 23. FAX (Optional) () 24. E-mail Address (Optional)		
25. City <i>Same</i>	State <i>IN</i>	ZIP Code <i>46350</i>	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.)
NONE

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.) Yes 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. <i>Roger A. Galloway</i>	Person Appointed Treasurer	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. <i>Roger A. Galloway</i>					
34. Mailing Address (number and street, city, state, and ZIP code) <i>Same</i> <input type="checkbox"/> Check if this is a new address.		35. FAX (Optional) ()	36. E-mail Address (Optional)		
37. City <i>Same</i>	State <i>IN</i>	ZIP Code <i>46350</i>	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

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 <i>Roger A. Galloway</i>	Signature of Chairperson <i>Roger A. Galloway</i>	Date (mm/dd/yy) <i>6/23/15</i>
43. Typed or Printed Name of Candidate <i>Same</i>	Signature of Candidate	Date (mm/dd/yy)
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).		

FOR OFFICE USE ONLY





**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

**(CFA-4)
Summary Sheet**

FILE NUMBER

41n-25-59

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <i>Roger ALLAN Galloway</i>	<input type="checkbox"/> Check if this is a new name.	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()	
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>609 Tecumseh</i>	<input type="checkbox"/> Check if this is a new address.	
5. City, State, ZIP Code <i>LaPorte Indiana 46350</i>	6. Party Affiliation (if applicable) <i>Republican</i>	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) <i>Roger ALLAN Galloway</i>	8. Party Affiliation or If Independent Candidate <i>Republican</i>	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>City Council LaPorte Ward 4</i>	10. County of Residence <i>LaPorte</i>	
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/dd/yy): From: _____ Through: _____	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>0</i>	
14. Cash on hand and investments January 1, current year.	<i>0</i>	
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	<i>0</i>	
15b. Unitemized	<i>0</i>	
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	<i>0</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	<i>0</i>
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>0</i>	
17b. Unitemized	<i>0</i>	
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	<i>0</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	<i>0</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer _____ Title _____

Date (mm/dd/yy)

Signature of Candidate (if applicable)

Roger A. Galloway

Date (mm/dd/yy)

12-10-25

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) 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, IC 3-9-4-17, IC 3-9-4-18)

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