



**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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →                                                                                                                                                                                                                                                                                                                    |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| <b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>                                                                                                                                                                                                                                                                                                                                                          |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| 2. Last Name<br>Milam                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | First Name<br>Celeste |  | Middle Name<br>Annette   |  | Nickname<br>Bourff                                                                                                                                                                                               |  | 3. Type of Committee (Check one)<br><input type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |  |                                            |
| 4. Mailing Address (number and street, city, state, and ZIP code)<br>315 N Union St                                                                                                                                                                                                                                                                                                                                                                                 |  |                       |  |                          |  | 5. FAX (Optional)<br>( )                                                                                                                                                                                         |  | 6. E-mail Address (Optional)                                                                                                                   |  |                                            |
| 7. City<br>Russellville                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | State<br>IN           |  | ZIP Code<br>46979        |  | 8. County<br>Howard                                                                                                                                                                                              |  | 9. Telephone (Day)<br>765 860-4909                                                                                                             |  | 10. Telephone (Evening)<br>765 860-4909    |
| 11. Party Affiliation<br><input 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.)                                                                                                                  |  |                                                                                                                                                |  |                                            |
| <b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>                                                                                                                                                                                                                                                                                                                                                          |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| 13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name.                                                                                                                                                                                                                                                                                                                                                               |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.                                                                                                                                                                                                                                                                                                                                         |  |                       |  |                          |  | 15. FAX (Optional)<br>( )                                                                                                                                                                                        |  | 16. E-mail Address (Optional)                                                                                                                  |  |                                            |
| 17. City                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | State                 |  | ZIP Code                 |  | 18. County                                                                                                                                                                                                       |  | 19. Telephone<br>( )                                                                                                                           |  | 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.                                                                                                                                                                                                                                                                                                               |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.                                                                                                                                                                                                                                                                                                                                         |  |                       |  |                          |  | 23. FAX (Optional)<br>( )                                                                                                                                                                                        |  | 24. E-mail Address (Optional)                                                                                                                  |  |                                            |
| 25. City                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | State                 |  | ZIP Code                 |  | 26. County                                                                                                                                                                                                       |  | 27. Telephone (Day)<br>( )                                                                                                                     |  | 28. Telephone (Evening)<br>( )             |
| 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.)                                                                                                                                                                                                                                                                                         |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| 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 type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                                                                |  |                                            |
| <b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| 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 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)<br>( )                                                                                                                                                                                        |  | 36. E-mail Address (Optional)                                                                                                                  |  |                                            |
| 37. City                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | State                 |  | ZIP Code                 |  | 38. County                                                                                                                                                                                                       |  | 39. Telephone (Day)<br>( )                                                                                                                     |  | 40. Telephone (Evening)<br>( )             |
| <b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| 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                                                                                                                                                                        |  |                                                                                                                                                |  |                                            |
| <b>SECTION E. CERTIFICATION OF STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                       |  |                          |  |                                                                                                                                                                                                                  |  |                                                                                                                                                |  |                                            |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       |  | Signature of Chairperson |  |                                                                                                                                                                                                                  |  | Date (mm/dd/yy)                                                                                                                                |  |                                            |
| 43. Typed or Printed Name of Candidate                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  | 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

**FILED**

SEP 29 2026

DEBBIE STEWART  
Clerk Howard Cir. Court

## 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](mailto: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)



**CERTIFICATE OF SELECTION FOR  
APPOINTMENT PRO TEMPORE TO A LOCAL OFFICE**

**(CEB-22)**

State Form 48231 (R8 / 8-23)  
Indiana Election Division (IC 3-13-11-11(c))

**INSTRUCTIONS:** The circuit court clerk shall deliver this certificate to the individual declared selected to fill a vacancy in a local office within twenty-four (24) hours 1) after a certificate of selection is filed by a county chairman or the chair of a caucus or 2) a certificate documenting the selection is filed by a political subdivision when the individual who last held the office was not elected or selected as a candidate of a major political party or 3) a certificate documenting the selection is filed by a political subdivision when the major political party did not complete the process of filing the vacant office by the applicable deadline.

**CERTIFICATE OF SELECTION  
FOR APPOINTMENT PRO TEMPORE  
TO A LOCAL OFFICE**

STATE OF INDIANA

COUNTY OF Howard

WHEREAS, Indiana Code 3-13-11 required that the local office of Russiarville Town Council last held by a person elected or selected as a candidate of a major political party be filled by a political party caucus or, if fewer than two eligible precinct committeepersons, appointment by a county chairman;

WHEREAS, the county chairman or chair of the caucus filed the (check one) ☒ CEB-3 OR ☐ CEB-4 form in my office as required under IC 3-13-11-11 to certify the appointment to fill the vacancy in that office;

WHEREAS, Indiana Code 3-13-7, 3-13-8, 3-13-9, and 3-13-10 required that the said local office last held by a person who was not elected or selected as a candidate of a major political party be filled by the body of the political subdivision required by law to fill the office vacancy and the political subdivision has certified to the circuit court clerk that a selection has been made; or

WHEREAS, Indiana Code 3-13-9 and 3-13-10 the major political party of the person who vacated said local office did not fill the office vacancy within the period of time provided under law for the party to fill the local office vacancy, the body of the political subdivision permitted to fill the vacancy selected a person qualified to assume the office, and the political subdivision has certified to the circuit court clerk that a selection has been made;

NOW, THEREFORE, AS THE SECRETARY OF THE COUNTY ELECTION BOARD AND THE DULY ACTING CIRCUIT COURT CLERK OF THIS COUNTY, I CERTIFY THAT THE RECORDS OF MY OFFICE SHOW THAT

Ceotice Annette Bourff Milam  
(Name of Officeholder)

was selected for an appointment pro tempore to fill the vacant office of Russiarville Town Council for the remainder of the term expiring \_\_\_\_\_, 20\_\_\_\_, and continuing until a successor is elected and qualified.

WITNESS, MY HAND AND OFFICIAL SEAL, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

Debbie Stewart

Circuit Court Clerk

**FILED**

SEP 29 2026

DEBBIE STEWART  
Clerk Howard Cir. Court



**CERTIFICATE OF APPOINTMENT PRO TEMPORE TO FILL A LOCAL  
ELECTED OFFICE BY A COUNTY CHAIRMAN OF A MAJOR POLITICAL PARTY**

(CEB-3)

State Form 47433 (R9 / 6-25)

Indiana Election Division (IC-3-13-11-11(a)(2))

**INSTRUCTIONS:** This certificate must be filed with the circuit court clerk not later than NOON, five (5) days after selection of the person filling the office vacancy.

TO THE Howard COUNTY CIRCUIT COURT CLERK:

**GENERAL INFORMATION**

This is to certify the following:

- (1) A vacancy occurred in the local office of Russiaville Town Council  
Name of office
- (2) The vacancy occurred due to the (check one) ☐ death ☒ resignation OR ☐ removal of the incumbent  
Greg Landrum  
Name of incumbent
- (3) The incumbent was elected or appointed as a candidate of the (check one) ☒ Democratic OR ☐ Republican Party.
- (4) The election district for this office is entirely within Howard County (or \_\_\_\_\_ County  
has the greatest percentage of the population of the election district for this office) and contains only one precinct.
- (5) I am the duly elected and acting county chairman of the (check one) ☒ Democratic OR ☐ Republican Party of  
Howard County, or the designee of the Chairman.
- (6) I have filled this vacancy under Indiana Code 3-13-11-5(b) or Indiana Code 3-13-11-8(b) by appointing the person named below to hold  
an appointment pro tempore to this office for the remaining unexpired term because (check one):  
☐ Fewer than two (2) persons were eligible to participate in a precinct committeeman caucus to fill this vacancy; or  
☐ A required quorum was not present at a caucus called to fill this vacancy; or  
☒ Only one person sought to fill the office vacancy and a caucus vote was not required,
- (7) The person holding the appointment pro tempore to this office is a registered voter of a precinct within the election district for the office,  
complies with the other requirements imposed under Indiana Code 3-8-1 on a candidate for this office, and consents to this appointment by  
subscribing the appointee's signature below.
- (8) This appointment pro tempore is effective September 28, 2026

**FILED**

**APPOINTEE'S NAME AND RESIDENCY INFORMATION**

SEP 29 2026

- (9) Name of person appointed to office:  
Ceotice Annette Bourff Milam DEBBIE STEWART  
Clerk Howard Cir. Court
- (10) Person's residence address is:  
315 N. Union St. Russiaville, Indiana 46979  
Complete residence address must be inserted City ZIP Code
- OPTIONAL INFORMATION: Candidate's e-mail address: jamilam5811@gmail.com Campaign website address: \_\_\_\_\_

**CERTIFICATION OF COUNTY CHAIRMAN/DESIGNEE**

I, the County Chairman of the above-named county (or the designee of the Chairman) acting to appoint a person to fill a local elected office vacancy, certify that the information in this  
Certificate is true and complete.

Lisa Washington Lisa Washington 09/28/26  
Signature of Chairman / Designee Printed Name of Chairman / Designee Date signed (MM/DD/YY)

**CERTIFICATION OF APPOINTEE**

I, the person appointed to fill a vacancy of a local elected office, certify that the information in this Certificate is true and complete.

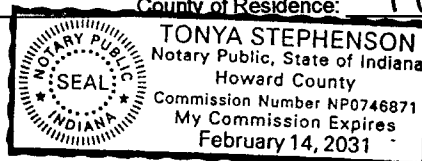
Ceotice Annette Milam Ceotice Annette Milam 09/28/26  
Signature of Appointee Printed Name of Appointee Date signed (MM/DD/YY)

STATE OF INDIANA  
COUNTY OF

Subscribed and sworn to before me this 28th day of September, 2026 My Commission expires: Feb. 14, 2031

Tonya Stephenson  
Notary Public or Other Official Administering Oath in accordance with IC 33-42-9

County of Residence: Howard



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**STATEMENT OF ECONOMIC INTERESTS  
FOR LOCAL AND SCHOOL BOARD OFFICES**

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

**(CAN-12)**

**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:**

2006

**NOTE:** Insert "Not Applicable" where appropriate.

I, Geotice Annette Milam 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  
Russiaville Town Council (Include district, if applicable.)
- (2) The name of my spouse was N/A
- (3) The name of my employer and the nature of its business was  
Retired
- (4) The name of the employer of my spouse and the nature of its business was  
N/A
- (5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was  
N/A
- (6) If I operated a professional practice, the name of the professional practice and the nature of its business was  
N/A
- (7) If I was a member of a partnership, the name of the partnership and the nature of its business was  
N/A
- (8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was  
N/A
- (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  
N/A
- (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  
N/A
- (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  
N/A
- (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  
N/A

**COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.**

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

Signed, this the 28 day of September, 2026

Ceotice Annette Milam  
Signature

Ceotice Annette Bourff Milam  
Printed Name

**FILED**

SEP 29 2026

DEBBIE STEWART  
Clerk Howard Cir. Court *HT*

STATE OF INDIANA  
COUNTY OF Howard

Subscribed and affirmed to before me this 28<sup>th</sup> day of September, 2026

Tony Stephenson  
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): Feb. 14, 2031

County of Residence: Howard

