



**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. →*

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

2. Last Name Kingsseed		First Name Thomas		Middle Name Eric		Nickname Tom		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 6025 Bree Ln.						5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City Plainfield		State IN	ZIP Code 46168	8. County Hendricks		9. Telephone (Day) ()		10. Telephone (Evening) (317) 625-8876	
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.) <input type="checkbox"/> Check if this is a new name. Friends of Thomas Kingsseed Friends of Tom Kingsseed									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6025 Bree Ln.						15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City Plainfield		State IN	ZIP Code 46168	18. County Hendricks		19. Telephone (317) 625-8874		20. Committee Organization Date (mm/dd/yy) 07/01/25	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Thomas E Kingsseed									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6025 Bree Ln.						23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City Plainfield		State IN	ZIP Code 46168	26. County Hendricks		27. Telephone (Day) (317) 625-8874		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.) PNC Bank									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A						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			

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 Thomas Kingsseed			Signature of the Committee Chairperson Thomas Kingsseed			
33. Treasurer's Full Name <input checked="" 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. 6025 Bree Ln.						35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City Plainfield		State IN	ZIP Code 46168	38. County Hendricks		39. Telephone (Day) (317) 625-8874		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 Thomas Kingsseed	
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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 Kingsseed		Signature of Chairperson Thomas Kingsseed		Date (mm/dd/yy) 07/01/25	
43. Typed or Printed Name of Candidate		Signature of Candidate		Date (mm/dd/yy)	

FOR OFFICE USE ONLY

FILED
2025 JUL 14 AM 11:30
Morgan Pike
CLERK OF THE INDIANA COURT

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).