



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
State Form 4604 (R15 / 5-19)  
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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. → 32-25-048									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name Kinnaman		First Name Daniel		Middle Name Lee		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) 6727 SCR 675 E				5. FAX (Optional)		6. E-mail Address (Optional) Daniel@K-F.N.COM			
7. City Plainfield		State IN		ZIP Code 46168		8. County Hendricks		9. Telephone (Day) (317) 470-3646	
								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.) GUILFORD TOWNSHIP ADVISORY BOARD					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Friends of Daniel Kinnaman									
14. Mailing Address (number and street, city, state, and ZIP code) 6727 SCR 675 E				15. FAX (Optional)		16. E-mail Address (Optional) Daniel@K-F.N.COM			
17. City Plainfield		State IN		ZIP Code 46168		18. County Hendricks		19. Telephone (317) 470-3646	
								20. Committee Organization Date (mm/dd/yy) 06/30/25	
21. Chairperson's Full Name <input checked="" 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) Same				23. FAX (Optional)		24. E-mail Address (Optional)			
25. City		State		ZIP Code		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.) N/A									
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 checked="" 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				
					Signature of the Committee Chairperson				
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)				35. FAX (Optional)		36. E-mail Address (Optional)			
37. City		State		ZIP Code		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 Daniel L. Kinnaman			Signature of Chairperson Daniel L. Kinnaman			Date (mm/dd/yy) 06/30/25			
43. Typed or Printed Name of Candidate Daniel L. Kinnaman			Signature of Candidate Daniel L. Kinnaman			Date (mm/dd/yy) 06/30/25			
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).									

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CLERK OF THE INDIANA COURT  
Morgan Price