



**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

32 26 019

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 ALBAUGH	First Name STANLEY	Middle Name E	Nickname STAN	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 2123 WOODCREEK DR	5. FAX (Optional) ()	6. E-mail Address (Optional) STANALBAUGH@GMAIL.COM
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7. City AVON	State IN	ZIP Code 46123	8. County HENDRICKS	9. Telephone (Day) (317)341-3751	10. Telephone (Evening) (317)341-3751
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11. Party Affiliation <input checked="" 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.) WASHINGTON TOWNSHIP BOARD
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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 STAN ALBAUGH

14. Mailing Address (number and street, city, state, and ZIP code) 2123 WOODCREEK DR	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional)
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17. City AVON	State IN	ZIP Code 46123	18. County HENDRICKS	19. Telephone (317)341-3751	20. Committee Organization Date (mm/dd/yy)
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21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.

STANLEY E ALBAUGH

22. Mailing Address (number and street, city, state, and ZIP code)	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ()	24. E-mail Address (Optional)
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25. City	State	ZIP Code	26. County	27. Telephone (Day) ()	28. Telephone (Evening) ()
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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.)

HUNTINGTON BANK

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

STANLEY E ALBAUGH

34. Mailing Address (number and street, city, state, and ZIP code)	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ()	36. E-mail Address (Optional)
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37. City	State	ZIP Code	38. County	39. Telephone (Day) ()	40. Telephone (Evening) ()
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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
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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	Signature of Chairperson	Date (mm/dd/yy)
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43. Typed or Printed Name of Candidate STANLEY E ALBAUGH	Signature of Candidate Stanley E Albaugh	Date (mm/dd/yy) 02/05/26
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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

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CLERK OF THE HENDRICKS COUNTY**